

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29319

FILED
Jul 13, 2007
Secretary of State

Entity Name: WEST PALM BEACH TACO BELL RESTAURANT OWNERS ADVERTISING ASSOCIATION, INC.

Current Principal Place of Business:

1720 EL JOBEAN ROAD, #101
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

5565 GLENRIDGE CONNECTOR
SUITE 200
ATLANTA, GA 30324

New Mailing Address:

FEI Number: 58-1836533 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TROMBLE, MICHELLE
Address: 1720 C.R. 776 (EL JOBEAN)
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: TR () Delete
Name: ALDER, JAN
Address: 4835 SOURWOOD TERRACE
City-St-Zip: NORCROSS, GA 30071

Title: DIR () Delete
Name: TROMBLE, RICK
Address: 1720 EL JOBEAN ROAD 101
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TROMBLE, MICHELE
Address: 1720 C.R. 776 (EL JOBEAN)
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE TROMBLE

VP

07/13/2007

Electronic Signature of Signing Officer or Director

Date