

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90073 015 ****61.25

0041519

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30921

1. Corporation Name

UNIVERSITY OF PENNSYLVANIA ALUMNI CLUB OF THE PALM BEACHES, INC.

Principal Place of Business

8295 N MILITARY TRAIL
SUITE F
PALM BEACH GARDENS FL 33410
US

Mailing Address

2547 LOCHMORE RD
SUITE F
WPB FL 33407
US



2. Principal Place of Business

21 **2547 LOCHMORE RD**

2a. Mailing Address

26 **2547 LOCHMORE RD**

3. Date Incorporated or Qualified

02/28/1989

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

23 **WEST PALM BEACH, FL**

City & State

28 **WEST PALM BEACH, FL**

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

Zip

Country

24 **33407** 25 **US**

Zip

Country

29 **33407** 30 **US**

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

GRIFFIN, ADRIENNE H.
8295 N MILITARY TRAIL
SUITE F
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2547 LOCHMORE ROAD

83

84 City **WEST PALM BEACH**

FL

85 Zip Code **33407**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
MACPHERSON, JAMES H.
STREET ADDRESS **533 OVERLOOK DR**
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE ☐ DELETE

NAME **D**
MISAVAGE, MARTIN D.D.S.
STREET ADDRESS **1911 N FLAGLER DRIVE**
CITY-ST-ZIP **W PALM BCH FL**

TITLE ☐ DELETE

NAME **TD**
GABBE, RICHARD
STREET ADDRESS **11 EDINBURGH CT**
CITY-ST-ZIP **PALM BCH GARDEN FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICHARD GABBE
SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

615-9900

CR25037 (11/98)