2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2008
Secretary of State

DOCUMENT# N34444

Entity Name: THE PALM BEACH CHAPTER OF THE RARE FRUIT COUNCIL INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

C/O TREASURER
531 NORTH MILITARY TRAIL
W PALM BCH, FL 33416 US

New Principal Place of Business:

Current Mailing Address:

C/O RFC TREASURER
P O BOX 16464
W PALM BCH, FL 334166464 US

New Mailing Address:

FEI Number: 65-0217720 **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:

FOLEY, ERIN J
6443 HALL BLVD
LOXAHATCHEE, FL 33470 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:	COOKE, JOHN	
Address:	6084 180TH AVE	
City-St-Zip:	LOXAHATCHEE, FL 33470 US	
Title:	VD	( ) Delete
Name:	LEWIS, HENRY	
Address:	2654 MARCH CIRCLE	
City-St-Zip:	LOXAHATCHEE, FL 33470 US	
Title:	VD	( ) Delete
Name:	PERKINSON, DAVID	
Address:	338 YORKTOWNE CIRCLE	
City-St-Zip:	ATLANTIS, FL 33462 US	
Title:	VD	( ) Delete
Name:	WITTER, KARL	
Address:	11988 TANGERINE BLVD	
City-St-Zip:	ROYAL PALM BEACH, FL 33412 US	
Title:	TD	( ) Delete
Name:	FOLEY, ERIN	
Address:	6443 HALL BLVD	
City-St-Zip:	LOXAHATCHEE, FL 33470 US	
Title:	SD	( ) Delete
Name:	WHITE, PATON	
Address:	8884 PIONEER ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33411 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ERIN FOLEY TD 05/18/2008
Electronic Signature of Signing Officer or Director — Date