

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90043 004 \*\*\*\*61.25

**DOCUMENT # N36814**

1. Entity Name  
**BEDFORD "E" ASSOCIATION, INC. OF WEST PALM BEACH**



Principal Place of Business  
**C/O ALBERT J. JOSEPH  
121 BEDFORD E  
WEST PALM BEACH, FL 33417**

Mailing Address  
**SEACREST SERVICES INC.  
2400 CENTRE PARK W. DRIVE #175  
WEST PALM BEACH, FL 33409**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-1655334**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**JOSEPH, ALBERT J  
121 BEDFORD E  
WEST PALM BEACH, FL 33417**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	GERLACH, EMMA	
STREET ADDRESS	100 BEDFORD E	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOSEPH, ALBERT J	
STREET ADDRESS	121 BEDFORD E.	
CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JOSEPH, PATRICIA	
STREET ADDRESS	121 BEDFORD E	
CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	B	<input checked="" type="checkbox"/> Delete
NAME	CHLEBNIKOW, BETTY	
STREET ADDRESS	113 BEDFORD E	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	B	<input type="checkbox"/> Delete
NAME	BRANCH, ALBERT	
STREET ADDRESS	118 BEDFORD E	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	B	<input type="checkbox"/> Delete
NAME	TAFT, JAMES	
STREET ADDRESS	110 BEDFORD E	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #