

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90236 008 ****61.25

DOCUMENT # N43925

1. Entity Name
PALM BEACH COUNTY SPORTS COMMISSION, INC.



Principal Place of Business
% 1555 PALM BEACH LAKES BLVD
SUITE 1410
WEST PALM BEACH, FL 33401 US

Mailing Address
% 1555 PALM BEACH LAKES BLVD
SUITE 1410
WEST PALM BEACH, FL 33401 US

94061343



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0263296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERIG, PAM
1555 PALM BEACH LAKES BLVD., #1410
WEST PALM BEACH, FL 33401

Change

Name **PAM GERIG-BLAND**

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

Pam Gerig-Bland
PAM GERIG-BLAND, Executive Director

(NOTE: Registered Agent signature required when reinstating)

4/6/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **EISSEY, ED DR**
STREET ADDRESS **1118 CRUISER RD**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CASEY, PATRICK J.**
STREET ADDRESS **515 N. FLAGLER DR.**
CITY-ST-ZIP **WEST PALM BEACH, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ED** ☐ Delete
NAME **GERIG, PAMELA**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD, SUITE 1410**
CITY-ST-ZIP **N PALM BEACH, FL**

TITLE **ED** ☒ Change ☐ Addition
NAME **PAM GERIG-BLAND**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD, 1410**
CITY-ST-ZIP **West Palm Bch, FL 33401**

TITLE **VP** ☐ Delete
NAME **WELDON, JOE**
STREET ADDRESS **100 NW 1 AVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ELLINGTON, RICHARD**
STREET ADDRESS **222 LAKEVIEW AVE, SUITE 1400**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **KRIELOW, GARY**
STREET ADDRESS **2700 PGA BLVD STE 203**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **ST** ☐ Change ☒ Addition
NAME **MIKE McGUIRE**
STREET ADDRESS **6553 Garden Road**
CITY-ST-ZIP **Riviera Bch, FL 33404**

12. 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 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: *Pam Gerig-Bland*

4/6/04 561-233-1015
Date Daytime Phone #

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAM GERIG-BLAND, Executive Director