


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90096 021 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0263296	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GERIG-BLAND, PAM 1555 PALM BEACH LAKES BLVD., #1410 WEST PALM BEACH, FL 33401				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	ED GERIG-BLAND, PAM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1555 PALM BEACH LAKES BLVD, SUITE 1410		NAME		
STREET ADDRESS	WEST PALM BEACH, FL 33401		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELDON, JOE		NAME	Weldon, Joe	
STREET ADDRESS	100 NW 1 AVE		STREET ADDRESS	100 NW 1st ave	
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	V-P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KRIELOW, GARY		NAME	Gerry Baron	
STREET ADDRESS	2700 PGA BLVD STE 203		STREET ADDRESS	198 East Tall Oaks Circle	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	<input type="checkbox"/> Delete		TITLE	Sec/Tres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Donald Dufresne	
STREET ADDRESS			STREET ADDRESS	1551 Forum Place Suite 200	
CITY-ST-ZIP			CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Pam Berg-Bland</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/3/05 561-233-3180 <small>Date Daytime Phone #</small>		
<i>Pam Berg-Bland</i> Executive Director					