

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90051 002 ****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
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02232006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0263296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED GERIG-BLAND, PAM 1555 PALM BEACH LAKES BLVD, SUITE 1410 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELDON, JOE 100 NW 1 AVE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARON, GERRY 198 EAST TALL OAKS CIRCLE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUFRESNE, DONALD 1551 FORUM PLACE STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Pam Gerig-Bland 3/2/06 561-233-3180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Pam Gerig-Bland, Executive Director