


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 04, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # N48141</b> 1. Entity Name <b>PALM BEACH LITERARY SOCIETY, INC.</b>	
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Principal Place of Business <b>C/O NORTHERN TRUST BANK 11301 US HWY ONE NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>C/O NORTHERN TRUST BANK 11301 US HWY ONE NORTH PALM BEACH, FL 33408</b>
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02022004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

<b>SACHER, CHARLES P. 2655 LE JEUNE ROAD SUITE 1101 CORAL GABLES, FL 33134</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 rehashing) 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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REIMGOLD, JOYCE 265 ROYAL POINCIANA WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRISER, JULIE W 11301 US HWY ONE N PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GERBUS, JACQUELINE L 11301 US HWY ONE NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUBINS, CAROLE J 1300 SOUTH A1A #405 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONG, DEBRA 12444 RIDGE RD NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURRAY, LORAINNE 98 GOLFVIEW DR JUPITER, FL 33469

U00000035824  
02/06/04-80033-010 61.25

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IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04 (561) 622-4600  
Date Daytime Phone #