

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90015 026 ****61.25

DOCUMENT # N48141

1. Entity Name

PALM BEACH LITERARY SOCIETY, INC.



Principal Place of Business

Mailing Address

C/O NORTHERN TRUST BANK
11301 US HWY ONE
NORTH PALM BEACH FL 33408

C/O NORTHERN TRUST BANK
11301 US HWY ONE
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

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

SACHER, CHARLES P.
2655 LE JEUNE ROAD
SUITE 1101
CORAL GABLES FL 33134

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 PD ☒ Delete
NAME REIMGOLD, JOYCE
STREET ADDRESS 265 ROYAL POINCIANA WAY
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☒ Addition
NAME **Perry Brown**
STREET ADDRESS **440 Royal Palm Way**
CITY-ST-ZIP **Palm Beach FL 33480**

TITLE VD ☐ Delete
NAME CRISER, JULIE W
STREET ADDRESS 11301 US HWY ONE
CITY-ST-ZIP N PALM BEACH FL 33408

TITLE ☐ Change ☒ Addition
NAME **Jacqueline Herrick**
STREET ADDRESS **18205 S.E. Village Circle**
CITY-ST-ZIP **Tequesta FL 33469**

TITLE SD ☐ Delete
NAME GERBUS, JACQUELINE L
STREET ADDRESS 11301 US HWY ONE
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Change ☒ Addition
NAME **Shirley Zemsky**
STREET ADDRESS **6420 SE Harbor Circle**
CITY-ST-ZIP **Shawnee, FL 33496**

TITLE VD ☒ Delete
NAME RUBINS, CAROLE J
STREET ADDRESS 1300 SOUTH A1A #405
CITY-ST-ZIP JUPITER FL 33477

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

TITLE VD ☒ Delete
NAME LONG, DEBRA
STREET ADDRESS 12444 RIDGE RD
CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE VD ☒ Delete
NAME MURRAY, LORAINNE
STREET ADDRESS 98 GOLFVIEW DR
CITY-ST-ZIP JUPITER FL 33469

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Jacqueline L. Sacher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05 (861) 622-4600

Date

Daytime Phone #