


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N48141 1. Entity Name PALM BEACH LITERARY SOCIETY, INC.	
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Principal Place of Business C/O NORTHERN TRUST BANK 11301 US HWY ONE NORTH PALM BEACH, FL 33408	Mailing Address C/O NORTHERN TRUST BANK 11301 US HWY ONE NORTH PALM BEACH, FL 33408
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02082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SACHER, CHARLES P. 2655 LE JEUNE ROAD SUITE 1101 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

DATE
000000878294
04/14/08-80051-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, PERRY 440 ROYAL PALM 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	D HERRICK, JACQUELINE 18205 SE VILLAGE CIR TEQUESTA, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEMSKY, SHIRLEY 6420 S HARBOR CIRCLE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GERBUS, JACQUELINE L 1301 US HWY 1 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **3/26/08** (501) 622-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jacqueline L. Gerbus