

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50996

FILED
Mar 01, 2005
Secretary of State

Entity Name: PALM BEACH CHAMBER MUSIC FESTIVAL, INC.

Current Principal Place of Business:

239 CORNELL DRIVE
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

PALM BEACH CHAMBER MUSIC FESTIVAL
P.O BOX 6188
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: 65-0397036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, KAREN
2837 NE 18TH AVE
FT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

FORTE, MICHAEL A PRESIDE
239 CORNELL DRIVE
LAKE WORTH, FL 33460 US

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.

SIGNATURE: MICHAEL A. FORTE

03/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIXON, KAREN,
Address: 2837 NE 18TH AVE
City-St-Zip: FT LAUDERDALE, FL

Title: D () Delete
Name: ELLERT, MICHAEL,
Address: 1439 W BLOXHAM ST
City-St-Zip: LANTANA, FL

Title: D () Delete
Name: FORTE, MICHAEL,
Address: 239 CORNELL DR
City-St-Zip: LAKE WORTH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: DIXON, KAREN,
Address: 2837 NE 18TH AVE
City-St-Zip: FT LAUDERDALE, FL

Title: O (X) Change () Addition
Name: ELLERT, MICHAEL,
Address: 1439 W BLOXHAM ST
City-St-Zip: LANTANA, FL

Title: O (X) Change () Addition
Name: FORTE, MICHAEL,
Address: 239 CORNELL DR
City-St-Zip: LAKE WORTH, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. FORTE

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03/01/2005

Electronic Signature of Signing Officer or Director

Date