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FILED

May 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51397 (0)

1. Corporation Name

BUSINESS AND ECONOMIC DEVELOPMENT AND REVITALIZA
TION CORPORATION OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

602 CLEAR LAKE AVENUE
WEST PALM BEACH FL 33401P.O. BOX 1009
WEST PALM BEACH FL 33402-10093. Date Incorporated or Qualified
10/21/19923a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 2001 Broadway

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 101

27

City & State

City & State

23 Riviera Beach, FL

28

Zip

Zip

Country

24 33404

Country

25 Palm Beach

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE MAUDE FORD
302 CLEAR LAKE AVENUE
W PALM BEACH FL 33401

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

602 Clear Lake Avenue (Correction)

83

84 City

Same

FL

85

Zip Code

Same

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LEE, MAUDE FORD
STREET ADDRESS 602 CLEAR LAKE AVE.
CITY-ST-ZIP W. PALM BEACH FL
☐ DELETE1.1 TITLE V/D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ AdditionTITLE STD
NAME BYRD, ANDREW
STREET ADDRESS 764 W. 5TH AVENUE
CITY-ST-ZIP RIVIERA BEACH FL
☒ DELETE2.1 TITLE S
2.2 NAME Larkins, Vince
2.3 STREET ADDRESS 705 Linton Blvd., Apt. 3B101
2.4 CITY-ST-ZIP Delray, FL
☐ Change ☒ AdditionTITLE VD
NAME CLEVELAND, FELICIA
STREET ADDRESS 2220 PONCE DE LEON AVE.
CITY-ST-ZIP W. PALM BEACH FL
☐ DELETE3.1 TITLE V/D
3.2 NAME Cleveland, Felicia
3.3 STREET ADDRESS 1418 20th Street
3.4 CITY-ST-ZIP West Palm Beach, FL
☒ Change ☐ AdditionTITLE T
NAME HARRISON, EUGENE
STREET ADDRESS 112 SWAN PARKWAY WEST
CITY-ST-ZIP ROYAL PALM BEACH FL 33411
☒ DELETE4.1 TITLE
4.2 NAME 900002190729
4.3 STREET ADDRESS -05/27/97--01008--001
4.4 CITY-ST-ZIP ***70.00
☐ Change ☐ AdditionTITLE PD
NAME BROWN, MICHAEL
STREET ADDRESS 3636 WHITEHALL DR., #104
CITY-ST-ZIP W PALM BEACH FL
☐ DELETE5.1 TITLE C/D
5.2 NAME Brown, Michael
5.3 STREET ADDRESS 2655 N. Ocean Dr. #200
5.4 CITY-ST-ZIP Riviera Beach, FL
☒ Change ☐ AdditionTITLE SD
NAME DOZIER, ANGELA
STREET ADDRESS 4951 HAVERITILL COMMONS CR. #24
CITY-ST-ZIP W PALM BEACH FL
☒ DELETE6.1 TITLE P
6.2 NAME Gaines, Lia T.
6.3 STREET ADDRESS 2001 Broadway, Suite 101
6.4 CITY-ST-ZIP Riviera Beach, FL
☐ Change ☒ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

561.881-0098

CR2E037 (9/96)