

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51397

FILED  
Jul 13, 2006  
Secretary of State

**Entity Name:** BUSINESS AND ECONOMIC DEVELOPMENT AND REVITALIZATION CORPORATION OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

5725 CORPORATE WAY  
SUITE 201  
W PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1009  
WEST PALM BEACH, FL 33402

**New Mailing Address:**

**FEI Number:** 65-0499595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LEE MAUDE FORD  
602 CLEAR LAKE AVENUE  
W PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: LEE, MAUDE F  
Address: 602 CLEAR LAKE AVE.  
City-St-Zip: W. PALM BEACH, FL 33401

Title: STD ( ) Delete  
Name: MUHAMMAD, CARL  
Address: 1220 10TH STREET  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: PD ( ) Delete  
Name: GAINES, LIA T  
Address: 5725 CORPORATE WAY, SUITE 201  
City-St-Zip: W PALM BEACH, FL 33407

Title: VD ( ) Delete  
Name: DANIELS, ROSA  
Address: 1610 W 12TH COURT  
City-St-Zip: WEST PALM BEACH, FL 33404

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LIA GAINES

PD

07/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date