

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51397

FILED
Mar 20, 2009
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 ()

Name and Address of Current Registered Agent:

LEE, MAUDE
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 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 T. GAINES

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date