2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90439 025 ****61.25

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1. Entity Name
PUPPETRY ARTS CENTER OF THE PALM BEACHES, INC.

20042052

04282006 Chg-NP CR2E037 (4/06)

Principal Place of Business	Mailing Address
1200 SOUTH CONGRESS AVENUE SPACE 36 WEST PALM BEACH, FL 33406	PO BOX 19124 WEST PALM BEACH, FL 33416

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0423559 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLETCHER, CYNTHIA 11 NORTH J ST #5 LAKE WORTH, FL 33460	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
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, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TIMMIS, WILLIAM T 5834 FOREST HILL BLVD WEST PALM BEACH, FL 33416	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tilton, Terry 620 Avenida Alegre West Palm Beach, FL 33405	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORALES, DANIEL 1911 CORSICA AVE WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Simon, Jess 11579 Knightsbridge PL Wellington, FL 33467	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIERMAN, JUDY 560 GREENWAY DR NORTH PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Thorp, Hannah 710 Executive Ctr. Dr West Palm Beach, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLETCHER, CYNTHIA 11 N. J ST STE 5 LAKE WORTH, FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brzobohaty, Hana 244 W. Park Dr Ft Lauderdale, FL 33315	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TITCOMB, JAMIE 3045 PINETREE LN BOYNTON BCH, FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tiller, Robert West Palm Beach, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAFAIDUS, DAVID 6073 BRANDON ST PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Jo Janeen Timmis Jo Janeen Timmis 4/28/06 (561)967-3231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Executive Dir. Date Daytime Phone #