2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90246 024 ****61.25

DOCUMENT # N93000003789

1. Entity Name
PALM BEACH COUNTY EXTENSION OVERALL ADVISORY COMMITTEE, INC.

Principal Place of Business	Mailing Address
C/O AGRICULTURAL SERVICES CENTER 559 N. MILITARY TRAIL WEST PALM BEACH, FL 33415	C/O AGRICULTURAL SERVICES CENTER 559 N. MILITARY TRAIL WEST PALM BEACH, FL 33415

04132005 Chg-NP CR2E037 (10/03)

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 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUTCHESON, CLAYTON E
559 N. MILITARY TRAIL
WEST PALM BEACH, FL 33415

7. Name and Address of New Registered Agent

Name: Audrey R. Norman
Street Address (P.O. Box Number is Not Acceptable): 559 North Military Trail
City: West Palm Beach **FL** Zip Code: 33415

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: Audrey R. Norman AUDREY R. NORMAN 4/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	D GRAHAM, MIKE 5151 NORTHLAKE BLVD PALM BEACH GARDEN, FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHOECH, CHARLES ESQ P.O. BOX 2775 N/A PALM BEACH, FL 334802775	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEITBOVIT, ART 232-A ROYAL PALM WAY PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMBLEE, SANDRA 1045 TABIT RD BELLE GLADE, FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARKE, LESLIE 2929 WINDING OAKS LANE WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, DIGNA 612 SIXTH TERRACE 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 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 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: Arthur B Seabrook 04-13-05