

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90209 036 ****61.25

DOCUMENT # N93000003789

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



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

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



04112006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

NORMAN, AUDREY R.
559 N. MILITARY TRAIL
WEST PALM BEACH, FL 33415

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when re-registering)

4/19/2006
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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: *Audrey R. Norman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2006
Date

Daytime Phone #