2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21, 2007 8:00 am **Secretary of State** DOCUMENT # N94000000802 02-21-2007 90027 042 ****61.25 MARGARET A. GUISTETTI PALM BEACH CHAPTER DAR FOUNDATION, INC. Principal Place of Business Mailing Address C/O DOANE & DOANE, P.A. C/O DOANE & DOANE, P.A. 2000 PGA BLVD. STE. 4410 2000 PGA BLVD. STE, 4410 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 65-6158034 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOANE, REBECCA G Street Address (P.O. Box Number is Not Acceptable) C/O DOANE & DOANE 2000 PGA BLVD., STE, 4410 NORTH PALM BEACH, FL 33408 City 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 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D ☐ Delete TITLE D ☐ Change **XX**Addition NAME DOANE, REBECCA G NAME Merchant, Jean C STREET ADDRESS 2000 PGA BLVD., STE. 4410 STREET ADDRESS 7210 Westlake Drive CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP West Palm Beach, FL 33406-6720 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME PRICE, AILENE W NAME STREET ADDRESS 311 COCOANUT ROW STREET ADDRESS CITY-ST-7IP PALM BEACH, FL 33480 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SHEPHERD, NANCY A MRS. NAME STREET ADDRESS 1902 NOTRE DAME DRIVE STREET ADDRESS LAKE WORTH, FL 334606349 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MORGAN, MARIAN MRS. NAME Smith, Betsy K. STREET ADDRESS 9 SLASH PINE VILLA, DELRAY DUNES STREET ADDRESS 709 Harbour Point Drive CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-7IP North Palm Beach, FL 33410-3416 TITLE Delete TITLE ☐ Addition NAME MITCHELL, WILLIAM F MRS. NAME STREET ADDRESS 4766 S. LAKE DRIVE STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition VECELLIO, KATHRYN C MRS. NAME NAME STREET ADDRESS 771 VILLAGE ROAD STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 12. I hereby certify that the information supplied with this filling does not challed for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports five and settled 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 impowered 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 officers, with an open of the corporation of the corporation or the corporation of the corporation

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Daytime Phone #