


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90150 008 ****61.25

50012169



DOCUMENT # N94000004653					
1. Entity Name CODE ENFORCEMENT OFFICERS ASSOCIATION OF PALM BEACH COUNTY, FLORIDA, INC.					
Principal Place of Business POST OFFICE BOX 19062 WEST PALM BEACH, FL 33416-9062		Mailing Address POST OFFICE BOX 19062 WEST PALM BEACH, FL 33416-9062			
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 65-0886077	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent JACKSON, KENNETH E 100 AUSTRALIAN AVE WEST PALM BEACH, FL 33406				7. Name and Address of New Registered Agent Name <u>Skip Lewis, Pres. of CEOAPBC</u> Street Address (P.O. Box Number is Not Acceptable) <u>100 E Boynton Beach Blvd.</u> City <u>Boynton Beach</u> FL Zip Code <u>33425</u>	
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 <u>Skip Lewis</u> <u>SKIP LEWIS</u> DATE <u>4-10-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, KENNETH E		NAME	Lewis, Skip	
STREET ADDRESS	100 AUSTRALIAN AVE		STREET ADDRESS	100 E Boynton Beach Blvd	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP	Boynton Beach, FL 33425	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUSCELL, MICHAEL		NAME	Joyce, Mark	
STREET ADDRESS	645 PROSPERITY FARMS RD		STREET ADDRESS	100 S Dixie Hwy	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LORRAINE		NAME	McDougal, Cynthia	
STREET ADDRESS	100 AUSTRALIAN AVE		STREET ADDRESS	100 AUSTRALIAN AVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, SIGNE		NAME		
STREET ADDRESS	100 AUSTRALIAN AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33406		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Lorraine Miller</u>		<u>Lorraine Miller</u> 3/31/06		<u>561-233-5125</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	