

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90272 012 ****61.25

DOCUMENT # N95000003379

1. Entity Name

CONSIDER THE LILIES OF THE PALM BEACHES, INC.

The Interfaith Collective of Palm Beach



Principal Place of Business

826 WRIGHT DR.
LAKE WORTH FL 33461
US

Mailing Address

826 WRIGHT DR.
LAKE WORTH FL 33461
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0641513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PORRO, HILDA M
12773 W FORESTHILL BLVD STE 1201
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE PD
NAME STEVENS, TAYLOR
STREET ADDRESS 826 WRIGHT DR.
CITY-ST-ZIP LAKE WORTH FL 33461 ☐ Delete

TITLE T
NAME OWNBY, MARY
STREET ADDRESS 105 PARADISE HBR BLVD 108
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

TITLE T
NAME RASP, BARBARA
STREET ADDRESS 1703 WATERVIEW CIRCLE
CITY-ST-ZIP PALM SPRINGS FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Treasurer
NAME Lori Woodley
STREET ADDRESS 236 Costello Road
CITY-ST-ZIP West Palm Beach, FL 33405 ☐ Change ☒ Addition

TITLE Secretary
NAME Hilda Porro
STREET ADDRESS 12773 W. Forest Hill Blvd # 1201
CITY-ST-ZIP Wellington, FL 33414 ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.04

Date

561.586.6432

Daytime Phone #