


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000001160	
1. Entity Name FRIENDS OF PALM BEACH COUNTY WEED & SEED, INC.	

Principal Place of Business 301 N. OLIVE AVE. SUITE 1001 WEST PALM BCH, FL 33401	Mailing Address 301 N. OLIVE AVE. SUITE 1001 WEST PALM BCH, FL 33401
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03152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0631129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIANA, CUNNINGHAM L 301 N. OLIVE AVE. SUITE 1001 WEST PALM BCH, FL 33401
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000094188 03/22/04-80049-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERSEN, SUSAN L 1645 PALM BEACH LAKES BLVD., STE. 900 WEST PALM BEACH, FL 334012221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUNNINGHAM, L. DIANA 301 N. OLIVE AVE., STE. 1001 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEBBER, EMALYN 500 AUSTRALIAN AVENUE, SUITE 400 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: <u><i>L. D. Cunningham</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>5-17-04</u> (5201)355-2314 <small>Date Daytime Phone #</small>
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