2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N96000006279 03-11-2004 90013 029 ****61.25 PALM-NET, PALM BEACH COUNTY ENVIRONMENTAL NETWORK, INC. Principal Place of Business Mailing Address 6301 SUMMIT BLVD 6301 SUMMIT BLVD W. PALM BEACH, FL 33415 W. PALM BEACH, FL 33415 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-NP CR2E037 (10/03) 4. FEI Number 65-0712420 Applied For City & State City & State Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **WELCH, PATRICIA** Street Address (P.O. Box Number is Not Acceptable) 6301 SUMMIT BLVD W. PALM BEACH, FL. 33415 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 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2004 Added to Fees Fiorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TIΠF ☐ Change PATRICIA WELCH NAME NAME Sandy Jurban STREET ADDRESS 6809 HAMMOCK LANE STREET ADDRESS 3301 Gun Club Road West Palm Beach, FL CITY-ST-ZIP WEST PALM BCH, FL 33411 CITY-ST-ZIP 33406 XX Delete TITLE Addition TITLE ☐ Change Serena Rinker NAME STEVE BASS NAME 10216 Lee Road STREET ADDRESS 1801 N OCEAN BLVD STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-7/P 33437-4796 CITY-ST-7IP Boynton Beach, FL XX Defete ПΠЕ TITLE ☐ Change ☐ Addition **DUFFEY, BRENDA** NAME NAME 2065 PRAIRIE RD STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33406 CTTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE Delete TIDE ☐ Change ☐ Addition NAME NAME التيهام المرازي ووالممار وراتا STREET ADDRESS STREET ADDRESS J. 27 J. 27 J. 7 129 J. CITY-ST-ZIP CITY-ST-ZIP 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 on 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.

Patricia Welch

3/8/04

Пате

FILED

Mar 11, 2004 8:00 am

(561) 686-6600

Daytime Phone #