

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000119

FILED
Jan 23, 2009
Secretary of State

Entity Name: PALM BEACH UNITED F.C., INC.

Current Principal Place of Business:

7 W. ARCH DR.
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7 W. ARCH DR.
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-0726079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPHARD, KEELER DT
7 W. ARCH DR.
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SISSON, DALE
Address: 926 LA COSTA WAY
City-St-Zip: LANTANA, FL 33462

Title: DVP () Delete
Name: SHEPHARD, BETH
Address: 7 W. ARCH DR.
City-St-Zip: LAKE WORTH, FL 33467

Title: DS () Delete
Name: PECK, TRACEY
Address: 7124 GOLDEN VIEW PLACE
City-St-Zip: LAKE WORTH, FL 33467

Title: DT () Delete
Name: SHEPHARD, KEELER
Address: 7 W. ARCH DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: DVP () Delete
Name: WELCH, MARK E
Address: 15730 GLEN WILLOW LANE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE SISSON

DP

01/23/2009

Electronic Signature of Signing Officer or Director

Date