

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90038 023 \*\*\*\*61.25

**DOCUMENT # N97000002483**

1. Entity Name  
**THE PALM BEACH COUNTY LAW ENFORCEMENT  
FOUNDATION, INC.**



Principal Place of Business  
**C/O STEPHEN G. VOGELSANG, ESQ.  
777 SOUTH FLAGLER DRIVE, SUITE 500 EAST  
WEST PALM BEACH, FL 33401 US**

Mailing Address  
**C/O STEPHEN G. VOGELSANG, ESQ.  
777 SOUTH FLAGLER DRIVE, SUITE 500 EAST  
WEST PALM BEACH, FL 33401 US**

40037140



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0756634**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALDES-FAULI CORPORATE SVCS INC  
777 S FLAGLER DR SUITE 500 E  
W PALM BEACH, FL 33401**

Name **GY Corporate Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**777 S. Flagler Dr. Suite 500 East**

City **West Palm Beach**

**FL**

Zip Code **33401**

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

*Michael V. Mitrione* r.p.

Michael V. Mitrione,  
Vice President of GY Corporate Services, Inc.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCPS  
WINTER, RICHARD E  
401 CHILEAN AVE  
PALM BEACH, FL 33480** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
VOGELSANG, STEPHEN G  
777 S. FLAGLER DR. SUITE 500 EAST  
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVPT  
HIRSCH, NEIL  
12076 POLO CLUB ROAD  
WEST PALM BEACH, FL 33414** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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☐ 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

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

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:

*R.E. Winter M.D.*

*R.E. WINTER MD*

*561-833-5151  
4/6/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #