2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N98000000965

Entity Name: PALM BEACH PALM & CYCAD SOCIETY, INC.

Current Principal Place of Business:

PO BOX 3662
LANTANA, FL 33465 US

New Principal Place of Business:

339 WALTON BLVD
WEST PALM BEACH, FL 33405 US

Current Mailing Address:

POB 212228
WEST PALM BEACH, FL 33421 US

New Mailing Address:

FEI Number: 65-0814969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEND, PAULA
4292 FOSS RD.
LAKE WORTH, FL 33461 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:	TD	( ) Delete
Name:	INGGRIANY, DEWEY	
Address:	339 WALTON BLVD	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	VP	( ) Delete
Name:	KITTY, PHILLIP	
Address:	4292 FOSS RD.	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	VD	( ) Delete
Name:	HOLTON, DALE	
Address:	5221 3RD ROAD	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	P	( ) Delete
Name:	AHLBORN, BETTY	
Address:	13823 PADDLEFOOT LANE	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	SD	( ) Delete
Name:	SALLENBACH, RUTH	
Address:	6285 SOUTH MILITARY TRAIL	
City-St-Zip:	LAKE WORTH, FL 33463	

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: INGGRIANY DEWEY T 03/20/2009

Electronic Signature of Signing Officer or Director Date