

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000001868

1. Entity Name
PALM BEACH COUNTY PARTNERSHIP FOR AGING, INC.



Principal Place of Business
**1764 N CONGRESS AVE
STE 201
WEST PALM BEACH, FL 33409**

Mailing Address
**1764 N CONGRESS AVE
STE 201
WEST PALM BEACH, FL 33409**



07192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3503761

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OWERS, KASHA
1764 N. CONGRESS AVENUE
SUITE 201
WEST PALM BEACH, FL 33409**

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IN THIS SPACE**

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 *Kasha Owers, Treasurer*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

8.11.05
DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FLORANCE, DAVID
1764 N. CONGRESS AVE STE 201
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
HAPKE, PAMELA
1764 N. CONGRESS AVENUE STE 201
DELRAY BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
OWERS, KASHA
1764 N. CONGRESS AVENUE STE 201
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
STERN, JC
1764 N. CONGRESS AVENUE STE 201
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000376357
08/15/05-80002-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Kasha Kitts Owers* 8.11.05 561-339-3658
Signature and typed or printed name of signing officer or director Date Daytime Phone #