

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000001868

FILED
Oct 12, 2007
Secretary of State

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

Current Principal Place of Business:

2600 QUANTUM BLVD
BOYNTON BEACH, FL 33426

New Principal Place of Business:

1764 NO. CONGRESS AVENUE
SUITE 201
WEST PALM BEACH, FL 33409

Current Mailing Address:

2600 QUANTUM BLVD
BOYNTON BEACH, FL 33426

New Mailing Address:

1764 NO CONGRESS AVENUE
SUITE 201
WEST PALM BEACH, FL 33409

FEI Number: 59-3503761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLSON, JACQUELINE
2600 QUANTUM BLVD
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

PAFFORD, MARK
1764 NO CONGRESS AVENUE
SUITE 201
WEST PALM BEACH, FL 33409 US

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: MARK PAFFORD

10/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAFFORD, MARK
Address: 2600 QUANTUM BLVD
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VPD () Delete
Name: SCHOOLMASTER, CINDY
Address: 2600 QUANTUM BLVD
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T () Delete
Name: NICHOLSON, JACQUELINE
Address: 2600 QUANTUM BLVD
City-St-Zip: BOYNTON BEACH, FL 33426

Title: SD (X) Delete
Name: STERN, JC
Address: 2600 QUANTUM BLVD
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PAFFORD, MARK
Address: 1764 NO CONGRESS AVENUE SUITE 201
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VPD (X) Change () Addition
Name: SCHOOLMASTER, CINDY
Address: 1764 NO CONGRESS AVENUE SUITE 201
City-St-Zip: WEST PALM BEACH, FL 33409

Title: TREA (X) Change () Addition
Name: DELACH, STEVE
Address: 1764 NO CONGRESS AVENUE SUITE 201
City-St-Zip: WEST PALM BEACH, FL 33409

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: MARK PAFFORD

PRES

10/12/2007

Electronic Signature of Signing Officer or Director

Date