

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003278

FILED
Apr 21, 2004
Secretary of State**Entity Name:** PALM BEACH COUNTY ALLSTARS, INC.**Current Principal Place of Business:**1015 WOODFIELD CIRCLE
PALM BEACH GARDENS, FL 33418**New Principal Place of Business:****Current Mailing Address:**1015 WOODFIELD CIRCLE
PALM BEACH GARDENS, FL 33418**New Mailing Address:****FEI Number:** 65-0846985**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FARBSTEIN, BEN I
3109 STIRLING ROAD
SUITE 101
FORT LAUDERDALE, FL 33312 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: AHEARN, KIM
Address: 6424 BARBARA STREET
City-St-Zip: JUPITER, FL 33458

Title: TD () Delete
Name: JOHNSON, MARY HELEN
Address: 1015 WOODFIELD CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD () Delete
Name: LEWIS, TERESA S
Address: 416 MEADOWLARK DRIVE
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: PENROD, APRIL
Address: 1203 TOWN CENTER DRIVE #218
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: JENSEN, LISA S
Address: 606 SHORE ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: LAVOLD, KATHY
Address: 10349 TRAILWOODS COURT
City-St-Zip: JUPITER, FL 33478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CORTES, HERNAN
Address: 871 UNIVERSITY BLVD., #307
City-St-Zip: JUPITER, FL 33458

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

Title: SD (X) Change () Addition
Name: HOWARD, SUSAN
Address: 18621 LAKESIDE GARDENS DRIVE
City-St-Zip: JUPITER, FL 33458

Title: D (X) Change () Addition
Name: PENROD, APRIL
Address: 16040 MELLEEN LANE
City-St-Zip: JUPITER, FL 33478

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 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 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: MARY HELEN JOHNSON

TD

04/21/2004

Electronic Signature of Signing Officer or Director

Date

AMANDA DEBARDELABEN
871 UNIVERSITY DRIVE, #307
JUPITER, FL 33458