

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000006971 1. Entity Name PALM BEACH COUNTY RESOURCE CENTER, INC.					
Principal Place of Business 2001 BROADWAY STE. 250 RIVIERA BEACH, FL 33404 US			Mailing Address 2001 BROADWAY STE. 250 RIVIERA BEACH, FL 33404 US		
2. Principal Place of Business Suite, Apt #, etc:		3. Mailing Address Suite, Apt #, etc:			
City & State		City & State		01262004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0880746	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SKYERS, PAUL 2001 BROADWAY, STE. 250 RIVIERA BEACH, FL 33404			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
B. 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 <u>Paul Skyers</u> Paul Skyers - Registered Agent <u>1/29/2004</u> 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, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HOWARD, JOHN 2001 BROADWAY STE 301 RIVIERA BCH, FL 33404 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U000000034787 02/05/04-80097-017 70.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORLEY, LESLIE 120 S. OLIVE AVE #400 W. PALM BCH, FL 33401 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANCES, FRANCIS 825 N FLAGLER DR WEST PALM BEACH, FL 33401 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARVEY, ERNIE 3532 BROADWAY RIVIERA BEACH, FL 33404 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: Paul Skyers Paul Skyers Registered Agent <u>1/29/2004</u> <u>(561) 863-0875</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					