

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90168 049 ****70.00

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**

40069170



04252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0880746

Applied For
Not Applicable

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**

**DO NOT WRITE
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 Paul Skyers, Paul Skyers, Registered Agent
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/25/2006
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE **C**
NAME **HOWARD, JOHN**
STREET ADDRESS **2001 BROADWAY STE 301**
CITY-ST-ZIP **RIVIERA BCH, FL 33404**

TITLE **D**
NAME **CORLEY, LESLIE**
STREET ADDRESS **120 S. OLVE AVE #400**
CITY-ST-ZIP **W. PALM BCH, FL 33401**

TITLE **D**
NAME **FRANCES, FRANCIS**
STREET ADDRESS **625 N FLAGLER DR**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D**
NAME **GARVEY, ERNIE**
STREET ADDRESS **3532 BROADWAY**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ernie Garvey, ERNIE GARVEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 561 868 1402
Date Daytime Phone #