

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006971

FILED
Mar 12, 2009
Secretary of State

Entity Name: PALM BEACH COUNTY RESOURCE CENTER, INC.

Current Principal Place of Business:

2001 BROADWAY
STE. 250
RIVIERA BEACH, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

2001 BROADWAY
STE. 250
RIVIERA BEACH, FL 33404 US

New Mailing Address:

FEI Number: 65-0880746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKYERS, PAUL
2001 BROADWAY, STE. 250
RIVIERA BEACH, FL 33404 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: C () Delete
Name: HOWARD, JOHN
Address: 2001 BROADWAY STE 301
City-St-Zip: RIVIERA BCH, FL 33404

Title: D () Delete
Name: CORLEY, LESLIE
Address: 120 S. OLVE AVE #400
City-St-Zip: W. PALM BCH, FL 33401

Title: D () Delete
Name: FRANCES, FRANCIS
Address: 625 N FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: WHITE, MARLON
Address: 2001 BROADWAY STE 250
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: PAUL SKYERS

DIR

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date