

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004349

FILED
Mar 26, 2009
Secretary of State

Entity Name: PBCGA CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

806 EIGHT TERRACE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 32123
PALM BEACH GARDENS, FL 33420

New Mailing Address:

FEI Number: 65-0938493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELEN, TOMMY
806 EIGHT TERRACE
PALM BEACH GARDENS, FL 33418 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: D () Delete
Name: FINCH, RAYMOND R III
Address: 2100 EMERALD DUNES DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP () Delete
Name: ARRIGO, JAMES
Address: 2101 OKEECHOBEE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: ROONEY, PATRICK J JR.
Address: 6659 AUDUBON TRACE WEST
City-St-Zip: WEST PALM BEACH, FL 33412

Title: P () Delete
Name: EKEY, RICHARD
Address: 5 GRAND BAY CIRCLE
City-St-Zip: JUNO BEACH, FL 33408

Title: T () Delete
Name: BELEN, TOMMY
Address: 806 8 TERR
City-St-Zip: WEST PALM BEACH, FL 33418

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:

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: TOMMY BELEN

T

03/26/2009

Electronic Signature of Signing Officer or Director

Date