

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004395

FILED
Mar 20, 2009
Secretary of State

Entity Name: WORLD TRADE CENTER ASSOCIATION PALM BEACH, INC.

Current Principal Place of Business:

777 SOUTH FLAGLER DRIVE
SUITE 800W
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

777 SOUTH FLAGLER DRIVE
SUITE 800W
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0976620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUCARO, JR., ALFRED ESQ.
4300 MAIN STREET
JUPITER, FL 33458 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/D () Delete
Name: ZUCARO, JR., ALFRED ESQ.
Address: P.O. BOX 1619
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VC/D () Delete
Name: METZGER, WILLIAM T
Address: P. O. BOX 2654
City-St-Zip: PALM BEACH, FL 33480

Title: P () Delete
Name: HADDAD, LOUIS
Address: 777 SOUTH FLAGLER DR, STE 800W
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S () Delete
Name: MITCHELL, ANITA
Address: 105 SOUTH NARCISSUS #512
City-St-Zip: WEST PALM BEACH, FL 33401

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: LOUIS HADDAD

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date