

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006889

FILED
Jun 16, 2008
Secretary of State

Entity Name: PALM AIRE FRIENDS OF THE ARTS, INC.

Current Principal Place of Business:

625 OAKS DR #102
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

C/O WES BAKER
625 OAKS DR #102
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-0980192 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BAKER, WES
625 OAKS DR #102
POMPANO BEACH, FL 33069 US

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: WEINBERG, SYLVIA J
Address: 808 CYPRESS BLVD., APT. 407
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: SINGER, DOROTHY
Address: 535 OAKS WAY #211
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: BLOOM, SUSAN
Address: 805 CYPRESS BLVD #512
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: GASCOYNE, MARGARET
Address: 3990 NW 42 AVE # 110
City-St-Zip: LAUDERDLE LAKES, FL 33319

Title: D () Delete
Name: FINK, LAURA
Address: 4020 PALMAIRE DR. W. # 403
City-St-Zip: POMPANO BEACH, FL 33069

Title: DP () Delete
Name: BAKER, WES
Address: 625 OAKS DR #102
City-St-Zip: POMPANO BEACH, FL 33069

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:

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: RITA KATIMS

TREA

06/16/2008

Electronic Signature of Signing Officer or Director

Date