


**2004 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90004 038 \*\*\*\*61.25

**DOCUMENT # N03900002250**

1. Entity Name  
**WORLD AFFAIRS COUNCIL OF THE FLORIDA PALM BEACHES, INC.**



Principal Place of Business  
**150 BANYAN ISLE DRIVE  
PALM BEACH GARDENS FL 33418-4601**


Mailing Address  
**150 BANYAN ISLE DRIVE  
PALM BEACH GARDENS FL 33418-4601**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **05-0556615** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WHELOCK-WILLIAM E  
150 BANYAN ISLE DRIVE  
PALM BEACH GARDENS FL 33418-4601**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 William E. Wheelock *Paied by WAE check 1010 Feb 28, 2004*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. WHELOCK, WILLIAM E 150 BANYAN ISLE DRIVE PALM BEACH GARDENS FL 33418-4601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JUDITH J. WHELOCK 150 BANYAN ISLE DRIVE PALM BEACH GARDENS, FL 33418-4601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GERALD O. PATTERSON 2974 NEEDHAM CT DELRAY BEACH, FL 33445-7149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAN O'CONNELL 4977 VICTORIA CIRCLE WEST PALM BEACH, FL 33409-7849 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERT BAZZONE 3529 PALLADIAN CIRCLE DEERFIELD BEACH, FL 33442-7951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR VICTOR COMRAS DIRECTOR 2601 NE. 12th ST FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOAN GUNTER 6VIA SORRENTO PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William E. Wheelock *2-28-04 561-622-2182*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #