


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90028 047 ****61.25

DOCUMENT # N03000002250					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 05-0556615	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	MR.	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHELOCK, WILLIAM E		NAME	SHOOSHANI, MICHAEL	
STREET ADDRESS	150 BANYAN ISLE DRIVE		STREET ADDRESS	9045 LaFontana Suite 6CA	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334184601		CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHELOCK, JUDITH J		NAME	WALSH, MICHAEL	
STREET ADDRESS	150 BANYAN ISLE DRIVE		STREET ADDRESS	200 33 OCEAN KEY DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334184601		CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTERSON, GERALD D		NAME	BROWN, PERRY	
STREET ADDRESS	2974 NEEDHAM CT		STREET ADDRESS	440 ROYAL PALM WAY	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNELL, DAN		NAME	BROWNE, JOHN	
STREET ADDRESS	4977 VICTORIA CIRCLE		STREET ADDRESS	P.O. Box 408	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAZZONE, ROBERT		NAME	WALSH, KAT	
STREET ADDRESS	3529 PALLADIAN CIRCLE		STREET ADDRESS	2325 ULMERTON ROAD	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMRAS, VICTOR		NAME		
STREET ADDRESS	2601 NE 12TH ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
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: <u>William E. Wheelock</u>		WILLIAM E. WHELOCK		1-17-05 561-622-2182	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	