


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90194 050 ****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	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHELOCK, WILLIAM E 150 BANYAN ISLE DRIVE PALM BEACH GARDENS, FL 33418-4601			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	BROWN, PERRY	
STREET ADDRESS	150 BANYAN ISLE DRIVE		STREET ADDRESS	440 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334184601		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	WHELOCK, JUDITH J		NAME	WALSH, KAT	
STREET ADDRESS	150 BANYAN ISLE DRIVE		STREET ADDRESS	16563 WHITE ORCHID LANE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334184601		CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOOSHANI, MICHAEL		NAME	BROWNE, JOHN	
STREET ADDRESS	9045 LAFONTANA SUITE 6CA		STREET ADDRESS	1800 EMBASSY DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, MICHAEL		NAME	WHELOCK, WILLIAM E.	
STREET ADDRESS	20033 OCEAN KEY DRIVE		STREET ADDRESS	150 BANYAN ISLE DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP	PALM BEACH GARDENS, FL 334184601	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAZZONE, ROBERT		NAME		
STREET ADDRESS	3529 PALLADIAN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMRAS, VICTOR		NAME	SHOOSHANI, MICHAEL	
STREET ADDRESS	2801 NE 12TH ST		STREET ADDRESS	9045 LAFONTANA SUITE 6CA	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP	BOCA RATON, FL 33434	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 1-9-06 561-622-2182					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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