

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N07000000817

Entity Name: PALM BEACH COUNTY SHERIFF'S OFFICE POLICE BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

2100 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2100 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 32-0196526 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LIPPMAN, GARY ESQ
2100 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409 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: DP () Delete
Name: VRCHOTA, PAUL
Address: 2100 NORTH FLORIDA MANGO ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DV () Delete
Name: JACKSON, JEFFREY
Address: 2100 NORTH FLORIDA MANGO ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DS () Delete
Name: NICASTRO, CHARLES
Address: 2100 NORTH FLORIDA MANGO ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DT () Delete
Name: TARTAGLIONE, PETER
Address: 2100 NORTH FLORIDA MANGO ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: GRIFFITH, RAY
Address: 2100 NORTH FLORIDA MANGO ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

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:

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: PAUL VRCHOTA

DP

01/30/2009

Electronic Signature of Signing Officer or Director

Date