

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007977

Entity Name: NATIONAL ASSOCIATION OF BENEFITS AND INSURANCE
PROFESSIONALS - PALM BEACH INC

FILED
Jan 31, 2024
Secretary of State
6559091416CC

Current Principal Place of Business:

1023 SHADY LAKES CIRCLE
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

1023 SHADY LAKES CIRCLE
PALM BEACH GARDENS, FL 33418 US

FEI Number: 20-3258273

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TUNIS, TRAVIS BRADLEY
1023 SHADY LAKES CIR
PALM BEACH GARDENS, FL 33418 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

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER
Name	MURPHY, STACY	Name	TUNIS, TRAVIS
Address	11143 MARITIME CT	Address	1023 SHADY LAKES CIRCLE
City-State-Zip:	WELLINGTON FL 33449	City-State-Zip:	PALM BEACH GARDENS FL 33418
Title	VP		
Name	GUTIERREZ, SOPHIA		
Address	425 E WHITNEY DR		
City-State-Zip:	JUPITER FL 33458		

I hereby 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 all other like empowered.

SIGNATURE: TRAVIS B TUNIS

TREASURER

01/31/2024

Electronic Signature of Signing Officer/Director Detail

Date