

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000000150

**Entity Name:** LOST AND FOUND OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

15693 83RD LANE NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

15693 83RD LANE NORTH  
LOXAHATCHEE, FL 33470 US

**FEI Number: 26-4026664**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KANJIAN, ROBERT J  
314 CLEMATIS ST  
#201  
WEST PALM BEACH, FL 33401 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           TREASURER  
Name           LUGO, ELIZABETH  
Address        THE VOLEN CENTER  
                  1515 WEST PALMETTO PARKWAY  
City-State-Zip: BOCA RATON FL 33486

Title           PRESIDENT  
Name           SCOTT, JACK  
Address        FLORIDA ATLANTIC UNIVERSITY -  
                  CARD  
                  777 GLADES ROAD  
City-State-Zip: BOCA RATON FL 33431

Title           ED  
Name           BOUCHER, LINDA  
Address        15693 83RD LANE NORTH  
City-State-Zip: LOXAHATCHEE FL 33470

*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: LINDA BOUCHER** \_\_\_\_\_

**EXECUTIVE DIRECTOR**

**01/06/2017**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date