FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710843 (4)

1. Corporation Name

PALM BEACH COMMUNITY CHEST/UNITED WAY, INC.

Principal Place of Business	Mailing Address
44 COCOANUT ROW. M-201 PALM BEACH FL 33480	44 COCOANUT ROW. M-201 PALM BEACH FL 33480

3. Date Incorporated or Qualified: 05/05/1966
3a. Date of Last Report: 03/13/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-0637885 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WHITACRE, PHILIP A
44 COCOANUT ROW, #M201
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	KOHL, SIDNEY A		1.2 NAME	Paul Leone	
STREET ADDRESS	305 ROYAL POINCIANA PLAZA		1.3 STREET ADDRESS	The Breakers, One South County Rd.	
CITY-ST-ZIP	PALM BCH FL		1.4 CITY-ST-ZIP	Palm Beach, Florida 33480	
TITLE	VD	☐ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	MESSIC, MRS. ROBERT L		2.2 NAME	Anita Hamilton	
STREET ADDRESS	525 S. FLAGLER DR. APT 26E/F		2.3 STREET ADDRESS	1436 North Ocean Way	
CITY-ST-ZIP	WEST PALM BCH FL		2.4 CITY-ST-ZIP	Palm Beach, Florida 33480	
TITLE	SD	☒ DELETE	3.1 TITLE	PD	☐ Change ☒ Addition
NAME	WALKER, THOMAS B		3.2 NAME	Jean Feather	
STREET ADDRESS	330 ROYAL POINCIANA PLAZA		3.3 STREET ADDRESS	333 Sunset Avenue	
CITY-ST-ZIP	PALM BCH FL		3.4 CITY-ST-ZIP	Palm Beach, Florida 33480	
TITLE	TD	☒ DELETE	4.1 TITLE	PDD	☐ Change ☒ Addition
NAME	BAKER, BERNARD R.		4.2 NAME	Howard E.N. Wilson	
STREET ADDRESS	777 S. FLAGLER DR. #500		4.3 STREET ADDRESS	132 Royal Palm Way	
CITY-ST-ZIP	W. PALM BEACH FL		4.4 CITY-ST-ZIP	Palm Beach, Florida 33480	
TITLE	PD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, HOWARD E.N.		5.2 NAME		
STREET ADDRESS	132 ROYAL PALM WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE	PPD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NEWTON, E. ANTHONY		6.2 NAME		
STREET ADDRESS	440 ROYAL PALM WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ President 1/22/96 407-655-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #