

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
**44 COCOANUT ROW, M-201
PALM BEACH FL 33480**Mailing Address
**44 COCOANUT ROW, M-201
PALM BEACH FL 33480-4005**3. Date Incorporated or Qualified **05/05/1966** 3a. Date of Last Report **01/29/1996**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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/97

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **KOHL, SIDNEY A**
STREET ADDRESS **305 ROYAL POINCIANA PLAZA**
CITY-ST-ZIP **PALM BCH FL**TITLE **VD** ☐ DELETE
NAME **MESSIC, MRS. ROBERT L**
STREET ADDRESS **525 S. FLAGLER DR. APT 26E/F**
CITY-ST-ZIP **WEST PALM BCH FL**TITLE **T** ☐ DELETE
NAME **LEONE, PAUL**
STREET ADDRESS **THE BREAKERS, ONE SOUTH COUNTY ROAD**
CITY-ST-ZIP **PALM BEACH FL**TITLE **SD** ☐ DELETE
NAME **HAMILTON, ANITA**
STREET ADDRESS **1436 NORTH OCEAN WAY**
CITY-ST-ZIP **PALM BEACH FL**TITLE **PD** ☒ DELETE
NAME **FEATHER, JEAN**
STREET ADDRESS **333 SUNSET AVE**
CITY-ST-ZIP **PALM BEACH FL**TITLE **PDD** ☒ DELETE
NAME **WILSON, HOWARD E. N.**
STREET ADDRESS **132 ROYAL PALM WAY**
CITY-ST-ZIP **PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **Ribakoff, Eugene J.**
1.3 STREET ADDRESS **44 Cocoonut Row**
1.4 CITY-ST-ZIP **Palm Beach, FL 33480**2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **Harris, Ira**
2.3 STREET ADDRESS **310 Wells Road**
2.4 CITY-ST-ZIP **Palm Beach, FL 33480**3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **Curtis, Christine**
3.3 STREET ADDRESS **720 South Ocean Blvd.**
3.4 CITY-ST-ZIP **Palm Beach, FL 33480**4.1 TITLE **P** ☐ Change ☒ Addition
4.2 NAME **Whitacre, Philip**
4.3 STREET ADDRESS **5200 Poincettia Avenue**
4.4 CITY-ST-ZIP **W. Palm Beach, FL 33407**5.1 TITLE **C** ☐ Change ☒ Addition
5.2 NAME **J. Patterson Cooper**
5.3 STREET ADDRESS **261 Sanford Avenue**
5.4 CITY-ST-ZIP **Palm BEach, FL 33480**6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 561-655-1919

Date Daytime Phone # 0039320

CR2E037 (9/96)