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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

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

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	President	☐ Change ☒ Addition
NAME	KOHL, SIDNEY A		1.2 NAME	Whitacre, Philip A.	
STREET ADDRESS	305 ROYAL POINCIANA PLAZA		1.3 STREET ADDRESS	44 Cocoanut Row, #M201	
CITY-ST-ZIP	PALM BCH FL		1.4 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MESSIC, MRS. ROBERT L		2.2 NAME		
STREET ADDRESS	525 S. FLAGLER DR. APT 26E/F		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEONE, PAUL		3.2 NAME		
STREET ADDRESS	THE BREAKERS, ONE SOUTH COUNTY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	HAMILTON, ANITA		4.2 NAME	Curtis, Christine	
STREET ADDRESS	1436 NORTH OCEAN WAY		4.3 STREET ADDRESS	720 S. Ocean Blvd.	
CITY-ST-ZIP	PALM BEACH FL		4.4 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	C	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	J. PATTERSON COOPER		5.2 NAME		
STREET ADDRESS	261 SANFORD AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RIBAKOFF, EUGENE J.		6.2 NAME		
STREET ADDRESS	44 COCONUT ROW		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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] 24 Feb '98