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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710843

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/05/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0637885 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	☐ Change ☐ Addition
NAME	KOHL, SIDNEY A		1.2 NAME	
STREET ADDRESS	305 ROYAL POINCIANA PLAZA		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL		1.4 CITY-ST-ZIP	
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	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CURTIS, CHRISTINE		4. 2 NAME	
STREET ADDRESS	720 S. OCEAN BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480		4.4 CITY-ST-ZIP	
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/25/99 561-655-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #