

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90103 042 ****70.00

DOCUMENT # 710843

1. Entity 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**

5400155-7



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0637885

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VC ☐ Delete
NAME KOHL, SIDNEY A
STREET ADDRESS 305 ROYAL POINCIANA PLAZA
CITY-ST-ZIP PALM BCH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME COOPER, J.PATTERSON MR
STREET ADDRESS C/O DEUTSCHE BANK 350 ROYAL PALM WY
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VC ☒ Delete
NAME BURKE, MRS. VIRGINIA
STREET ADDRESS 1127 NORTH LAKE WAY
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCD ☐ Delete
NAME BRACCI, MR. MICHAEL
STREET ADDRESS C/O NORTHERN TR 11301 US HWY 1
CITY-ST-ZIP PALM BEACH GARDENS, FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MEYER, SYDELLE MRS
STREET ADDRESS 1040 NORTH LAKE WAY
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME HAMILTON, ANITA
STREET ADDRESS 330 COCONUT ROW
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip A. Whitacre, President

Date

Daytime Phone #

1-22-04

561-655-1919