

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 # 712167 (6)

1. Corporation Name
THE ROYAL POINCIANA CHAPEL, INC.



Principal Place of Business: 60 COCOANUT ROW, P.O. BOX 2233, PALM BEACH FL 33480
Mailing Address: 60 COCOANUT ROW, P.O. BOX 2233, PALM BEACH FL 33480

3. Date Incorporated or Qualified: 01/26/1967
3a. Date of Last Report: 03/23/1995

2. Principal Place of Business: 21 60 Cocoanut Row, Suite, Apt. #, etc. 22
23 Palm Beach, FL
24 33480
25 PB
2a. Mailing Address: 26 60 Cocoanut Row, Suite, Apt. #, etc. 27
28 Palm Beach, FL
29 33480
30 PB

4. FEI Number: 71-2167601
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
POLETE, MARILYN A
60 COCOANUT ROW
PALM BEACH FL 33480

10. Name and Address of New Registered Agent
81 Name: OLSON, Beverly B.
82 Street Address (P.O. Box Number is Not Acceptable): 60 Cocoanut Row
83
84 City: Palm Beach, FL 85 Zip Code: 33480

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: *Beverly B. Olson* (NOTE: Registered Agent signature required when reinstating) DATE: April 23, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	Director
NAME	RANDOLPH, JOHN C	1.2 NAME	
STREET ADDRESS	6201 S FLAGLER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	POLETE, MARILYN A	2.2 NAME	
STREET ADDRESS	212 ALPINE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	Vice President
NAME	SLATON, GEORGE C	3.2 NAME	
STREET ADDRESS	430 AUSTRALIAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	President
NAME	GOLEMBIEWSKI, JUDY	4.2 NAME	CLAUDON, Chester
STREET ADDRESS	3500 WHITEHALL DR	4.3 STREET ADDRESS	3434 Southern Cay Drive
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	D	5.1 TITLE	Director
NAME	WARWICK, CHARLES H III	5.2 NAME	CARMICHAEL, Donlad
STREET ADDRESS	218 TANGIER RD	5.3 STREET ADDRESS	301 Ridgeway Drive
CITY-ST-ZIP	PALM BEACH FL	5.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	D	6.1 TITLE	Secretary
NAME	TOOTHMAN, M LEE DR.	6.2 NAME	OLSON, Beverly B.
STREET ADDRESS	3030 WASHINGTON RD	6.3 STREET ADDRESS	60 Cocoanut Row, Palm Beach, FL
CITY-ST-ZIP	W PALM BEACH FL	6.4 CITY-ST-ZIP	

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Beverly B. Olson* DATE: April 23, 1996 (407) 655-4512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)