

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 # **722368** (8)

1. Corporation Name
THE COMMUNITY FOUNDATION FOR PALM BEACH AND MART IN COUNTIES, INC.



Principal Place of Business Mailing Address
324 DATURA STREET SUITE 340 WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified **01/03/1972** 3a. Date of Last Report **03/22/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **23-7181875** Applied For Not Applicable

22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 Country 29 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADLER, SHANNON	1.2 NAME	
STREET ADDRESS	318 AUSTRALIAN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKNER, MIKE S	2.2 NAME	
STREET ADDRESS	777 S. FLAGLER DR., 1900 PHILLIPS POINT W	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401-6198	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice Chairperson, Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, ARTHUR I.	3.2 NAME	Patricia Carry Stewart
STREET ADDRESS	1601 BELVEDERE ROAD, #407 SOUTH	3.3 STREET ADDRESS	2613 North Ocean Blvd.
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	Gulf Stream, FL 33483
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary, Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, DICKRON E	4.2 NAME	Russell G. Simpson
STREET ADDRESS	1100 FAIRFIELD DRIVE	4.3 STREET ADDRESS	101 Harbor Way, Jupiter Island
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	AST <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Chairman of Board of Directors <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVES, KENNETH L.	5.2 NAME	Hon. Edwards Rodgers
STREET ADDRESS	7231 SOUTHERN BOULEVARD, UNIT C-2	5.3 STREET ADDRESS	1170 Bimini Lane
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	Riveria Beach, FL 33404
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN, WILLIAM E II	6.2 NAME	
STREET ADDRESS	P.O. BOX 3198	6.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33465	6.4 CITY-ST-ZIP	

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: *Lisa Williams* **Lisa Williams, Chief Financial Officer, 1/26/96 407-659-6800**

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Shannon Sadler **Shannon Sadler, President, 1/26/96 407-659-6800**

CR2E037 (12/95)