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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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**

**324 DATURA STREET
SUITE 340
WEST PALM BEACH FL 33401-5431**

3. Date Incorporated or Qualified: **01/03/1972**
3a. Date of Last Report: **02/12/1996**

2. Principal Place of Business 2a. Mailing Address

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

23. City & State 28. City & State

24. Zip 25. Country 29. Zip 30. Country

4. FEI Number: **23-7181875**
Applied For:
Not Applicable:

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

**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 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	LISA WILLIAMS, CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SADLER, SHANNON	1.2 NAME	CHIEF FINANCIAL OFFICER
STREET ADDRESS	318 AUSTRALIAN AVENUE	1.3 STREET ADDRESS	1020 BEDFORD AVENUE
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33409
TITLE	DIRECTOR, CHAIRMAN <input type="checkbox"/> DELETE	2.1 TITLE	KEITH A. JAMES, DIRECTOR, VICE CHAIR <input checked="" type="checkbox"/> Addition
NAME	BUCKNER, MIKE S	2.2 NAME	1655 PALM BEACH LAKES BLVD
STREET ADDRESS	777 S. FLAGLER DR., 1900 PHILLIPS POINT W	2.3 STREET ADDRESS	SUITE 100, TOWER C
CITY-ST-ZIP	WEST PALM BEACH FL 33401-6198	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR, SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, PATRICIA C	3.2 NAME	THORNTON M. HENRY
STREET ADDRESS	2613 NORTH OCEAN BLVD	3.3 STREET ADDRESS	505 SOUTH FLAGLER DR, SUITE 1100
CITY-ST-ZIP	GULF STREAM FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	SD DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	CHIEF ADMINISTRATION OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMSON, RUSSELL G	4.2 NAME	AND PROGRAM DIRECTOR
STREET ADDRESS	101 HARBOR WAY, JUPITER ISLAND	4.3 STREET ADDRESS	LOUISE GRANT
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	7718-150TH PLACE
TITLE	CB FORMER DIRECTOR <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	RODGERS, HON E	5.2 NAME	
STREET ADDRESS	1170 BIMINI LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERIA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	6.1 TITLE	
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 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: Lisa Williams **DELETED** 11/21/97 (860) 659 6808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088009

CR2E037 (9/96)