

FILE NOW: FILING FEE IS \$61.25

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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722368 (8)

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

Principal Place of Business 324 DATURA STREET SUITE 340 WEST PALM BEACH FL 33401	Mailing Address 324 DATURA STREET SUITE 340 WEST PALM BEACH FL 33401
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3. Date Incorporated or Qualified
01/03/1972

4. FEI Number
23-7181875

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SADLER, SHANNON	
STREET ADDRESS	318 AUSTRALIAN AVENUE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BUCKNER, MIKE S	
STREET ADDRESS	777 S. FLAGLER DR., 1900 PHILLIPS POINT W	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	Dvice Chair	<input type="checkbox"/> DELETE
NAME	STEWART, PATRICIA C	
STREET ADDRESS	2613 NORTH OCEAN BLVD	
CITY-ST-ZIP	GULF STREAM FL	
TITLE	Dvice Chair	<input type="checkbox"/> DELETE
NAME	SIMPSON, RUSSELL G Simpson	
STREET ADDRESS	101 HARBOR WAY, JUPITER ISLAND	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	Chief Financial Officer	<input type="checkbox"/> DELETE
NAME	WILLIAMS, LISA	
STREET ADDRESS	1020 BEDFORD AVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENJAMIN, WILLIAM E II	
STREET ADDRESS	P.O. BOX 3198	
CITY-ST-ZIP	LANTANA FL 33465	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chief Admin. Officer/Program Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Louise P. Grant	
1.3 STREET ADDRESS	7718 150th Place North	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kenneth L. Groves	
2.3 STREET ADDRESS	7231 Southern Boulevard, Unit C-2	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33413	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thornton M. Henry	
3.3 STREET ADDRESS	505 South Flagler Drive, Suite 1100	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William M. Matthews	
4.3 STREET ADDRESS	1925 N. Flagler Drive	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard S. Weinstein	
5.3 STREET ADDRESS	625 North Flagler Drive, Suite 700	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
6.1 TITLE	Director, Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Keith A. James	
6.3 STREET ADDRESS	1655 Palm Beach Lakes Boulevard, Suite 810	
6.4 CITY-ST-ZIP	West Palm Beach, FL 33401	

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.

SIGNATURE: *Lisa Williams* **Lisa Williams** **1/28/98** **(561) 659-6800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (Area)

CR2E037 (10/97)