

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 733403 (0)**

1. Corporation Name

**PALM BEACH DAY SCHOOL**

Principal Place of Business

Mailing Address

**241 SEAVIEW AVE.  
PALM BEACH FL 33480**

**241 SEAVIEW AVE.  
PALM BEACH FL 33480**



3. Date Incorporated or Qualified  
**07/29/1975**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KERESEY, THOMAS M  
205 ROYAL PALM WAY  
PALM BEACH FL 33480**

81 Name

**William M. Matthews**

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

**1925 N. Flagler Dr.**

83

84 City

**West Palm Beach,**

**FL**

85 Zip Code

**33407**

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 appointment of, Section 617.0501, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |                                            |
|----------------|--------------------------|--------------------------------------------|
| TITLE          | PD                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | KERESEY, THOMAS M        |                                            |
| STREET ADDRESS | 205 ROYAL PALM WAY       |                                            |
| CITY-ST-ZIP    | PALM BEACH FL            |                                            |
| TITLE          | TD                       | <input type="checkbox"/> DELETE            |
| NAME           | MATTHEWS, WILLIAM M      | Change                                     |
| STREET ADDRESS | 1925 NORTH FLAGLER DRIVE |                                            |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33407 |                                            |
| TITLE          | VD                       | <input type="checkbox"/> DELETE            |
| NAME           | MADDOCK, PAUL L JR       |                                            |
| STREET ADDRESS | 1160 N. OCEAN BLVD.      |                                            |
| CITY-ST-ZIP    | PALM BEACH FL            |                                            |
| TITLE          | SD                       | <input type="checkbox"/> DELETE            |
| NAME           | HANLEY, DANIEL A         |                                            |
| STREET ADDRESS | 417 SEABREEZE AVE        |                                            |
| CITY-ST-ZIP    | PALM BEACH FL            |                                            |
| TITLE          |                          | <input type="checkbox"/> DELETE            |
| NAME           |                          |                                            |
| STREET ADDRESS |                          |                                            |
| CITY-ST-ZIP    |                          |                                            |
| TITLE          |                          | <input type="checkbox"/> DELETE            |
| NAME           |                          |                                            |
| STREET ADDRESS |                          |                                            |
| CITY-ST-ZIP    |                          |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                  |                                                                              |
|--------------------|----------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | PD                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Matthews, William M.             |                                                                              |
| 1.3 STREET ADDRESS | 1925 N. Flagler Dr.              |                                                                              |
| 1.4 CITY-ST-ZIP    | West Palm Beach, FL 33407        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE          | TD                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           | Sang, Lewis                      |                                                                              |
| 2.3 STREET ADDRESS | P.O. Box 471 248 Tradewind Drive |                                                                              |
| 2.4 CITY-ST-ZIP    | Palm Beach, FL 33480             |                                                                              |
| 3.1 TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                  |                                                                              |
| 3.3 STREET ADDRESS |                                  |                                                                              |
| 3.4 CITY-ST-ZIP    |                                  |                                                                              |
| 4.1 TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                  |                                                                              |
| 4.3 STREET ADDRESS |                                  |                                                                              |
| 4.4 CITY-ST-ZIP    |                                  |                                                                              |
| 5.1 TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                  |                                                                              |
| 5.3 STREET ADDRESS |                                  |                                                                              |
| 5.4 CITY-ST-ZIP    |                                  |                                                                              |
| 6.1 TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                  |                                                                              |
| 6.3 STREET ADDRESS |                                  |                                                                              |
| 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.

President: **Mr. William M. Matthews**

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)