

FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90161 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 733403					
1. Corporation Name PALM BEACH DAY SCHOOL					
Principal Place of Business 241 SEAVIEW AVE. PALM BEACH FL 33480			Mailing Address 241 SEAVIEW AVE. PALM BEACH FL 33480		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1975	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0873834	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

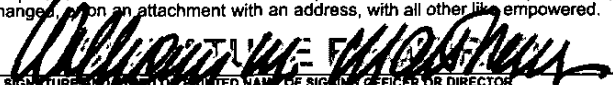
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MATTHEWS, WILLIAM M. 1925 N. FLAGLER DR. WEST PALM BEACH FL 33407				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

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	PD	1.1 TITLE	
NAME	MATTHEWS, WILLIAM M.	1.2 NAME	
STREET ADDRESS	1925 N. FLAGLER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	TD
NAME	SANG, LEWIS	2.2 NAME	KEMBLE, WILLIAM T.
STREET ADDRESS	P.O. BOX 471, 248 TRADEWIND DRIVE	2.3 STREET ADDRESS	206 CARIBBEAN WAY
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VD	3.1 TITLE	
NAME	METZGER, ANNE	3.2 NAME	
STREET ADDRESS	277 ESPLANADE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	HANLEY, DANIEL A	4.2 NAME	
STREET ADDRESS	417 SEABREEZE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, upon an attachment with an address, with all other lines empowered.

SIGNATURE:  1/13/98 561-655-1188

CR2E037 (1/98)