

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:13

DOCUMENT # 743462 (4)

1. Corporation Name

PALM BEACH COUNTY CULTURAL COUNCIL, INC.

Principal Place of Business

Mailing Address

1555 PALM BEACH LAKES BLVD. #900
WEST PALM BCH FL 33401-2328
US

1555 PALM BEACH LAKES BLVD. #900
WEST PALM BCH FL 33401-2328
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1978

3a. Date of Last Report

04/05/1994

4. FEI Number

59-1862336

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAY, WILLIAM E
140 PAMELA LANE
WEST PALM BEACH FL 33405

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DREYFOOS, ALEX W JR
STREET ADDRESS 381 N. LAKE WAY
CITY- ST- ZIP PALM BEACH FL 33480

1.1 TITLE P D
1.2 NAME WILLIAM E. RAY
1.3 STREET ADDRESS 1555 PALM BEACH LAKES BLVD. #900
1.4 CITY- ST- ZIP WEST PALM BEACH, FL 33401 ☒ Change ☐ Addition

TITLE VD
NAME WHITE, CHARLES R L
STREET ADDRESS P. O. BOX 3795 N/A
CITY- ST- ZIP TEQUESTA FL 33458

2.1 TITLE CD
2.2 NAME ROBERT A. BRODNER, M.D.
2.3 STREET ADDRESS 1411 NORTH FLAGLER DRIVE #5900
2.4 CITY- ST- ZIP WEST PALM BEACH, FL 33401 ☒ Change ☐ Addition

TITLE STD
NAME ALEX, JUDITH G
STREET ADDRESS 9922 HONEYSUCKLE AVENUE
CITY- ST- ZIP NORTH PALM BEACH FL 33410

3.1 TITLE VCD
3.2 NAME ROBERT M. MONTGOMERY JR.
3.3 STREET ADDRESS 1016 CLEARWATER PLACE
3.4 CITY- ST- ZIP WEST PALM BEACH, FL 33401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE SD
4.2 NAME CATHERINE LOWE, M.D.
4.3 STREET ADDRESS 5305 GREENWOOD AVENUE #101
4.4 CITY- ST- ZIP WEST PALM BEACH, FL 33407 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE TD
5.2 NAME THOMAS C. DEVLIN
5.3 STREET ADDRESS PRICE WATERHOUSE/ 222 LAKEVIEW AVE.
5.4 CITY- ST- ZIP WEST PALM BEACH, FL 33401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
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 110.07(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 incorporator or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Date

Signature (Name & Address)