

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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WEST PALM BCH FL 33401-2328
US

3. Date Incorporated or Qualified
06/30/1978

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1862336

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME RAY, WILLIAM E.
STREET ADDRESS 1555 PALM BEACH LAKES BLVD #900
CITY-ST-ZIP WEST PALM BEACH FL

TITLE CD ☐ DELETE
NAME BRODNER, ROBERT A. MD
STREET ADDRESS 1411 NORTH FLAGLER DR #5900
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VCD ☒ DELETE
NAME MONTGOMERY, JR. R
STREET ADDRESS 1016 CLEARWATER PL
CITY-ST-ZIP WEST PALM BEACH FL

TITLE SD ☒ DELETE
NAME LOWE, CATHERINE MD
STREET ADDRESS 5305 GREENWOOD AVE #101
CITY-ST-ZIP WEST PALM BEACH FL

TITLE TD ☐ DELETE
NAME DEVLIN, THOMAS C.
STREET ADDRESS PRICE WATERHOUSE/222 LAKEVIEW AVE.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☐ Change ☒ Addition
1.2 NAME Mary A. Reidel
1.3 STREET ADDRESS 200 East Las Olas Blvd.
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

2.1 TITLE TD ☐ Change ☒ Addition
2.2 NAME Susan F. Schupp
2.3 STREET ADDRESS 140 North County Road
2.4 CITY-ST-ZIP Palm Beach, FL 33480

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE VCD ☒ Change ☐ Addition
5.2 NAME Thomas C. Devlin
5.3 STREET ADDRESS 1 East Broward Blvd. #1700
5.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

William E. Ray

2/12/96

(407)471-2901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)