

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

3. Date Incorporated or Qualified 06/30/1978	3a. Date of Last Report 02/16/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1862336	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY, WILLIAM E.	1.2 NAME	Mary A. Reidel
STREET ADDRESS	1555 PALM BEACH LAKES BLVD #900	1.3 STREET ADDRESS	200 East Las Olas Blvd.
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRODNER, ROBERT A. MD	2.2 NAME	Susan F. Schupp
STREET ADDRESS	1411 NORTH FLAGLER DR #5900	2.3 STREET ADDRESS	140 North County Road
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	VCD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, JR. R	3.2 NAME	
STREET ADDRESS	1016 CLEARWATER PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, CATHERINE MD	4.2 NAME	
STREET ADDRESS	5305 GREENWOOD AVE #101	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVLIN, THOMAS C.	5.2 NAME	Thomas C. Devlin
STREET ADDRESS	PRICE WATERHOUSE/222 LAKEVIEW AVE.	5.3 STREET ADDRESS	1 East Broward Blvd. #1700
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)