## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

743462

(4)

PALM BEACH COUNTY CULTURAL COUNCIL, INC.

( ) ( )			.,									
Principal Place	of Business	Mailing Address					1 108(1) (0 0)1 8 10 0	IIIII TIINA AKKA I	iot ainti ninti a		HP 44401,1441	
1555 PALM BEAG WEST PALM BCI US	CH LAKES BLVD. #800 * 1414 H FL 33401-2328" 2328	1555 PALN WEST PAL US	1555 PALM BEACH LAKES BLVD. 4600 ギルリリ WEST PALM BCH FL 33401-2928 スラスピ						·••···································			
							3. Date Incorporated 06/30/1978	or Qualified	3a. Date 02	of Last Re 2/21/199	port 6	
2. Principal Pla	ace of Business	2a. Mailing Address					4. FEI Number	EO-1060336				
21		26					140(Applicable					
Suite, Apt. #		27						5. Certificate of Status Desired Section Fee Required				
City & State		City &	State				6. Election Campaigr Trust Fund Contrib			\$5.00 Added to	•	
Zip	Country	Zip		Cou	intry		8. This corporation ha					
24	25	· · · · · ·	29 30							Yes 🔼 No		
	9. Name and Address of Curren		Agent				10. Name and Addre	s of New Re	gistered Ag	ent		
					81	Name					1	
RAY, WIL					82	Street A	dress (P.O. Box Number is	Not Acceptab	le)			
140 PAMELA LANE					83							
WEST PA	ALM BEACH FL 33405											
					84	City			FL	<b>85</b> Zip (	Code	
11. Pursuant to	o the provisions of Sections 617.050	2 and 617.150	8, Florida Statu	ites, the a	bove	-named c	orporation submits this state	ment for the p	urpose of cl	nanging it	s registered	
office or r∈ agent. I ar	egistered agent, or both, in the State of familiar with, and accept the obliga	of Florida. Sud itions of, Secti	on change was on 617.0503, F	authorize Iorida Stat	a by lutes.	the corpo	ration's board of directors, i	nereby accer	or rue abbou	nment as	(eA)prei en	
SIGNATURE												
	Signature, typed or printed name of registered age				d Ager	nt signature re	quired when reinstating)	>=	DATE	UDECTOD	C IN 10	
12.	PD OFFICERS AND	DIRECTORS	DELETE	13. 1.1 Ti	TI E	14	ADDITIONS/CHANG	aES 10 OFFIC		Change	Addition	
TITLE	RAY, WILLIAM E.		LJ DELETE	1.1 II			OWE, CATHER	NE.M	_	T District	Eng Figureon	
STREET ADDRESS	1555 PALM BEACH LAKES BI	VD #900				ADDRESS	305 GREEN	JOSH F	VE #	IOI		
CITY-ST-ZIP	WEST PALM BEACH FL	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		l l	ITY-ST		NEST PALM E					
TITLE	CD		DELETE	2.1 T)		1	<i>i</i> cd	•		Change	Addition	
NAME	BRODNER, ROBERT A. MD		•	2.2 N	AME	1	nullens, jeff	REY				
STREET ADDRESS	1411 NORTH FLAGLER DR #	5900		2.3 \$	TREET	ADDRESS "	177 5. FLAGLE	RDR	,#190X	$\omega$		
CITY-ST-ZIP	WEST PALM BEACH FL			2.40	aty-s		VEST PALM BY				·	
TITLE	SD		DELETE	3.1 TI	TLE					Change	Addition	
NAME	REIDEL, MARY A.			32 N	AME							
STREET ADDRESS	200 EAST LAS OLAS BLVD.			3.3 S	TREET	ADDRESS				•		
CITY - ST - ZIP	FT. LAUDERDALE FL		DELETE.		ΠY-S		5 K			7 Channa	Leditor	
TITLE	TD CHOAN F		DELETE	4.1 T			ID SCHUPP, SUSAN	-	μ	Change	Addition	
NAME ]	SCHUPP, SUSAN F.			4.2 N			40 N CTY RD	۳,				
STREET ADDRESS	140 NORTH COUNTY ROAD			. i		ADDRESS	DAINA BOILEI					
CITY-ST-ZIP	PALM BEACH FL VCD		DELETE	4.4 C	ITY-SI	1-ZIP	<u>Palm BCH, Fl</u>	·	Б	Change	Addition	
TITLE NAME	DEVLIN, THOMAS C.			5.2 N			DEVLIN, THOM	AC ()	-			
STREET ADDRESS	1 EAST BROWARD BLVD 170	0				ADDRESS	EAST BROW	ARD BLY	אמדו מ/	)		
CITY-ST-ZIP	FT. LAUDERDALE FL	-			(TY-\$1		T. LAUDERDAL		V 10**	-		
TIFLE			DELETE	6.1 T				L <del>eg.   1</del>		Change	☐ Addition	
NAME				6.2 N	AME							
STREET ADDRESS				6.3 S	TAEET	ADDRESS						
CITY-ST-ZIP		<u></u>	<del> </del>	6.4 C	ITY-\$	T-ZIP						
14. I do heret	by certify that the information supplied in indicated on this annual report or s	d with this filingual a	g does not qua annual report is	alify for the strue and	exe accu	mption at trate and t	ited in Section 119.07(3)(i), i hat my signature shall have	Horida Statute the same lega	s. I further c al effect as if	ertity that made uni	tne der oath; that	
I am an of	in indicated on this annual report or s fficer or director of the corporation or in Block 12 or Block 13 if changed, o	the receiver or on an attach	or trustee em	owered to	exec	ute inis re	port as required by Chapter	617, Florida S	Statutes; and	that my r	name	
			· 20			- L			,			

SIGNATURE: WILLIAM E. RAY

ED NAME OF SIGNING OFFICER OR DIRECTOR

Date | Daytime Phone # 0038240

**FILED** 

Feb 05 1997 8:00am

Secretary of State