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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 743462

1. Corporation Name
PALM BEACH COUNTY CULTURAL COUNCIL, INC.

Principal Place of Business	Mailing Address
1555 PALM BEACH LAKES BLVD #1414 WEST PALM BEACH FL 33401-2328 US	1555 PALM BEACH LAKES BLVD #1414 WEST PALM BEACH FL 33401-2328 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/30/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1862336	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

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

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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RAY, WILLIAM E.			1.2 NAME			
STREET ADDRESS	1555 PALM BEACH LAKES BLVD, STE 1414			1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	VCD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LOWE, CATHERINE MD			2.2 NAME			
STREET ADDRESS	5305 GREENWOOD AVE #101			2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			2.4 CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MULLENS, JEFFERY			3.2 NAME			
STREET ADDRESS	777 SOUTH FLAGLER DR #1900 W			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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STARKOFF, FLORENCE F			4.2 NAME	Harris, Susan E.		
STREET ADDRESS	4301 N OCEAN BLVD PH3			4.3 STREET ADDRESS	One Town Center Road		
CITY-ST-ZIP	BOCA RATON FL 33431			4.4 CITY-ST-ZIP	Boca Raton FL 33486		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LARMOYEUX, CHRISTOPHER M			5.2 NAME			
STREET ADDRESS	1016 CLEARWATER PLACE			5.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33401			5.4 CITY-ST-ZIP			
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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William E. Ray, President 2/5/99 (961) 471-2901*

CR2E037 (1/198)