


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 743462

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



FILED
05 JUL -7 AM 11:25

Principal Place of Business Mailing Address

1555 PALM BEACH LAKES BLVD 1555 PALM BEACH LAKES BLVD
#300 #300
WEST PALM BEACH, FL 33401-2328 US WEST PALM BEACH, FL 33401-2328 US

AR

SECRET
TALLAH. 20048476
FLORIDA



04042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1862336

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLADES, RENA M
1555 Palm Beach Lakes Blvd., #300
West Palm Beach, Fl. 33401-2328

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BLADES, RENA M 1555 PALM BEACH LAKES BLVD, STE 300 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BATMASIAN, MARTA T 215 N-FEDERAL HWY, SUITE #3 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD WECHSLER, ROBERT K 3605 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ELMORE, DEBRA 777 EAST ATLANTIC AVENUE, STE 200 DELRAY BEACH, FL 334835380 <i>CD-241</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FITERMAN, SHIRLEY 229 VIA LAS BRISAS PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rena Blades* 4.12.05 561/471-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #