

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N01535 (6)

1. Corporation Name

CRESTWOOD PERFORMING ARTS LEAGUE, INC.

Principal Place of Business

Mailing Address

ROYAL PALM BCH. CULTURAL CENTER
C/O PO BOX 210336
ROYAL PALM BEACH FL 33421

ROYAL PALM BCH. CULTURAL CENTER
C/O PO BOX 210336
ROYAL PALM BEACH FL 33421

3. Date Incorporated or Qualified
02/20/1984

3a. Date of Last Report
06/06/1996

2. Principal Place of Business
21 Royal Palm Beach Cultural Center

2a. Mailing Address
26 Crestwood Performing Arts League

4. FEI Number
59-2662600

Applied For
Not Applicable

22 Suite, Apt. #, etc.
151 Civic Center Way

27 Suite, Apt. #, etc.
P.O. Box 210336

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

23 City & State
Royal Palm Beach, Fl.

28 City & State
Royal Palm Beach Fl.

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

24 Zip
33411

29 Zip
33421

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No Please advise

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDBERG, BONNIE O
198 NACHEZ TRACE
ROYAL PALM BEACH FL 33411

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 *Bonnie O. Goldberg*

2-6-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	RS	<input type="checkbox"/> DELETE
NAME	MORRISON, FITZ	
STREET ADDRESS	129 CORDOBA CIRCLE	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, BONNIE	
STREET ADDRESS	198 NACHEZ TRACE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERRIN, VIVIAN	
STREET ADDRESS	198 NACHEZ TRACE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUGHES, DOLLY	
STREET ADDRESS	114-C WEYBRIDGE CIR.	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCANDREWS, MIMI	
STREET ADDRESS	101-B WEYBRIDGE CIR.	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ULRICH, CLOVER	
STREET ADDRESS	376 N. HAMPTON S	
CITY-ST-ZIP	W. PALM BCH FL 33417	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T.D. Ulrich, Clover
6.3 STREET ADDRESS	7080 Gila Lane
6.4 CITY-ST-ZIP	West Palm Beach, Fl. 33411

14. I do 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.

SIGNATURE: *Bonnie O. Goldberg*

Feb 6, 1997 (561) 793-074

CP25037 (9/96)