

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:24

DOCUMENT # **N12856** (3)
1. Corporation Name
PALM BEACH LITURGICAL CULTURE FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
***MAX B. SHAPIRO**
6760 VERSAILLES COURT LAKE WORTH FL 33467
***MAX B. SHAPIRO**
6760 VERSAILLES COURT LAKE WORTH FL 33467

3. Date Incorporated or Qualified **01/06/1986** 3a. Date of Last Report **01/25/1994**
4. FEI Number **59-2622987** Applied For Not Applicable
5. Certificate of Status Desired **\$6.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SHAPIRO, MAX B.
6760 VERSAILLES COURT
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SHAPIRO, MAX B.
STREET ADDRESS 6760 VERSAILLES COURT
CITY-ST-ZIP LAKE WORTH FL
TITLE ~~WDC~~
NAME ~~SHUGARTMAN, RICHARD, JR.~~
STREET ADDRESS ~~140 JOHN F. KENNEDY CIR.~~
CITY-ST-ZIP ~~ATLANTIS FL~~
TITLE TD
NAME NEWMARK, EMANUEL
STREET ADDRESS 140 JOHN F. KENNEDY CIR.
CITY-ST-ZIP ATLANTIS FL
TITLE S
NAME ~~LEIBENSON, SMARX~~
STREET ADDRESS ~~1605 D'WINCHESTER COURT~~
CITY-ST-ZIP ~~PALM BEACH GARDENS FL~~
TITLE L
NAME KAPNER, LOUIS
STREET ADDRESS 2139 PALM BCH LKS BLVD.
CITY-ST-ZIP WEST PALM BEACH FL
TITLE T
NAME WIESENECK, PAUL M.
STREET ADDRESS 13221 ST. TROPEZ CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
HAIN, MARCIA
4260 D'ESTE COURT
LAKE WORTH, FL. 33467

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Max B Shapiro 2/1/95 4079696864
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR (Date) (Day/Mo/Yr)