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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000802 (8)**

1. Corporation Name

**MARGARET A. GUISTETTI PALM BEACH CHAPTER DAR FOU
NDATION, INC.**



Principal Place of Business % JONES, FOSTER, JOHNSTON & STUBBS, P.A. 505 S. FLAGLER DR. #1100 WEST PALM BEACH FL 33401	Mailing Address % JONES, FOSTER, JOHNSTON & STUBBS, P.A. 505 S. FLAGLER DR. #1100 WEST PALM BEACH FL 33401
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3. Date Incorporated or Qualified 02/15/1994	
4. FEI Number 65-6158034	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
DOANE, REBECCA G JONES, FOSTER, JOHNSTON & STUBBS, P.A. 505 S. FLAGLER DR., #1100 WEST PALM BEACH FL 33401	

10. Name and Address of New Registered Agent	
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 _____ (NOTL Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P DOANE, REBECCA G
STREET ADDRESS	505 S. FLAGLER DRIVE, #1100
CITY - ST - ZIP	WEST PALM BEACH FL 33401
TITLE	<input type="checkbox"/> DELETE
NAME	D FLEMING, KATHLEEN G MRS.
STREET ADDRESS	166 LAKE DRIVE
CITY - ST - ZIP	PALM BEACH SHORES FL 33404
TITLE	<input type="checkbox"/> DELETE
NAME	D SHEPHERD, NANCY A MRS.
STREET ADDRESS	1902 NOTRE DAME DRIVE
CITY - ST - ZIP	LAKE WORTH FL 33460-6349
TITLE	<input type="checkbox"/> DELETE
NAME	M MORGAN, MARIAN MRS.
STREET ADDRESS	9 SLASH PINE VILLA, DELRAY DUNES
CITY - ST - ZIP	BOYNTON BEACH FL 33436
TITLE	<input type="checkbox"/> DELETE
NAME	D MITCHELL, WILLIAM F MRS.
STREET ADDRESS	4766 S. LAKE DRIVE
CITY - ST - ZIP	BOYNTON BEACH FL 33436
TITLE	<input type="checkbox"/> DELETE
NAME	V.P VECELLIO, KATHRYN C MRS.
STREET ADDRESS	771 VILLAGE ROAD
CITY - ST - ZIP	NORTH PALM BEACH FL 33408

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Treas
1.3 STREET ADDRESS	GOUGH, GEORGE H, MRS
1.4 CITY - ST - ZIP	458 S. COUNTRY CLUB DRIVE ATLANTIS, FL 33462
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, 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, as an Attachment with my address.

SIGNATURE: *Rebecca G. Doane*

(561)659-3000

CR2E037 (10/97)