

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743462

**Entity Name:** CULTURAL COUNCIL OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

601 LAKE AVENUE  
LAKE WORTH, FL 33460

**Current Mailing Address:**

601 LAKE AVE  
LAKE WORTH, FL 33460

**FEI Number: 59-1862336**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BLADES, RENA M  
601 LAKE AVENUE  
LAKE WORTH, FL 33460 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES	Title	CHAIRMAN, DIRECTOR
Name	BLADES, RENA M	Name	SLACK, NATHAN
Address	601 LAKE AVENUE	Address	601 LAKE AVENUE
City-State-Zip:	LAKE WORTH FL 33460	City-State-Zip:	LAKE WORTH FL 33460
Title	TREASURER, DIRECTOR	Title	DIRECTOR, VC
Name	CANELES, CHRISTOPHER	Name	PARMELEE, WILLIAM
Address	601 LAKE AVENUE	Address	601 LAKE AVENUE
City-State-Zip:	LAKE WORTH FL 33460	City-State-Zip:	LAKE WORTH FL 33460
Title	DIRECTOR, VC	Title	SECRETARY, DIRECTOR
Name	KARP, IRENE	Name	SHARF, JEAN
Address	601 LAKE AVENUE	Address	601 LAKE AVENUE
City-State-Zip:	LAKE WORTH FL 33460	City-State-Zip:	LAKE WORTH FL 33460

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RENA BLADES**

**PRESIDENT**

**02/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date