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Apr 23 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 # **722248** (2)
1. Corporation Name
CERAMIC LEAGUE OF THE PALM BEACHES, INC.

Principal Place of Business P.O. BOX 14792 NORTH PALM BEACH FL 33408 US	Mailing Address P.O. BOX 14792 NORTH PALM BEACH FL 33408 US
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3. Date Incorporated or Qualified 12/10/1971	
4. FEI Number 23-7200978	Applied For <input type="checkbox"/> Not Applicable
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 checked="" type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

DITTMER ROBERT
~~1240 GATEWAY RD~~ **815 Second Court**
~~LAKE~~
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 815 Second Court
83
84 City
85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	AT	<input type="checkbox"/> DELETE
NAME	TURECKI, ALICE	
STREET ADDRESS	733 WATERWAY DR	
CITY-ST-ZIP	N PALM BCH, FL 00000 33408	
TITLE	SMITH, MARJORIE	<input checked="" type="checkbox"/> DELETE
NAME	128 SEVILLE ROAD	
STREET ADDRESS	W. PALM BEACH FL	
CITY-ST-ZIP		
TITLE	88 Assistant Secretary	<input type="checkbox"/> DELETE
NAME	EATON, MARGERY	
STREET ADDRESS	1408 INDIAN RD.	
CITY-ST-ZIP	W. PALM BEACH FL, 33406	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	BARTON, LOIS	
STREET ADDRESS	18486 95TH AVE N	
CITY-ST-ZIP	JUPITER FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GUNDLACH, ANNA	
STREET ADDRESS	8749 CITATION DR	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	President	<input type="checkbox"/> DELETE
NAME	KUHL, DELORIS	
STREET ADDRESS	185 SEASHORE DRIVE	
CITY-ST-ZIP	JUPITER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D. J. PATRICIA J. Mears
2.3 STREET ADDRESS	130 Cypress Avenue
2.4 CITY-ST-ZIP	West Palm Beach, FL 33415
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D. Betty Caudill
4.3 STREET ADDRESS	321 Riverside Drive
4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D. Evelyn Little
5.3 STREET ADDRESS	4210 Hyacinth Circle North
5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D. Deloris Kohl
6.3 STREET ADDRESS	← changed to president
6.4 CITY-ST-ZIP	165 Seashore Drive

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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: *Patricia J. Mears Treasurer* 2-18-98 561-689-4532

CR2E037 (10/97)