

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 725708 (2)
1. Corporation Name
PALM BEACH COUNTY KIDNEY ASSOCIATION, INC.



Principal Place of Business
321 NORTHLAKE BLVD.
SUITE ~~208~~ 112
NORTH PALM BEACH FL 33408-5411

Mailing Address
321 NORTHLAKE BLVD.
SUITE ~~208~~ 112
NORTH PALM BEACH FL 33408-5410

3. Date Incorporated or Qualified 03/02/1973
3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1702580	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOSIER, JEVNE H
321 NORTHLAKE BLVD. SUITE ~~208~~ # 112
N. PALM BEACH FL 33408

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECTER, VIVIAN	1.2 NAME	
STREET ADDRESS	3003 S CONGRESS AVE. #1B-18 Baytree	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL Lantana, FL 33462	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, HENRY W.	2.2 NAME	
STREET ADDRESS	5602 LEITER DR EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRGS FL 33065	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKMAN, GARRY M.	3.2 NAME	
STREET ADDRESS	1601 FORUM PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, MIMI	4.2 NAME	
STREET ADDRESS	800 N. OLIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANS, NINA	5.2 NAME	
STREET ADDRESS	462 CORAL COVE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL 33408	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KWASMAN, LOIS	6.2 NAME	
STREET ADDRESS	4119 W. BLUE HERON BLVD 2435-24th Ave	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERA BEACH FL Palm Beh. Gardens FL 33418	6.4 CITY-ST-ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois Kwasman President

Date

2/5/96

Daytime Phone #

(407) 627-6647

CR2E037 (12/95)