

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
 AND
 FILED

96 AUG 28 AM 9:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # 726299 (1)
 1. Corporation Name
 THE URBAN LEAGUE OF PALM BEACH COUNTY, INC.

Principal Place of Business Mailing Address
 1700 N. AUSTRALIAN AVE. P.O. BOX 949
 WEST PALM BEACH FL 33407 WEST PALM BCH. FL 33407

3. Date Incorporated or Qualified 05/01/1973 3a. Date of Last Report 02/28/1995
 4. FEI Number 59-1533710 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 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

10. Name and Address of New Registered Agent

81 Name HENRY L KAYE
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 230 ROYAL PALM WAY STE # 305
 84 City PALM BEACH FL 85 Zip Code 33480

BURDICK, SYLVAN
 324 DAIJURA ST.
 WEST PALM BEACH FL 33401

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]* HENRY L KAYE DATE 8-1-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	THYRA STARR 124 SEGOVIA DR. WEST PALM BCH., FL 33407	<input checked="" type="checkbox"/> DELETE	
VD	BAKER MOSES JR. 2134 PALM BCH., LAKES BLVD. WEST PALM BNCH., FL 33409	<input type="checkbox"/> DELETE	
VD	ANDREWS MARICA 722 WIND FLOWER CT. WELKINGTON FL 33414	<input type="checkbox"/> DELETE	
VD	REESE REGINALD L. 3882 CIRCLE LAKE DR. WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> DELETE	
SD	JOHNSON LYDIA KNOWLES 815 FIFTH ST. # B WEST PALM BCH., FL 33401	<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	

1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
		PD	BAKER MOSES JR.	2134 PALM BEACH LAKES BLVD.	WEST PALM BEACH, FL 33409
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME
				900001995195	-08/29/96--01001--0015
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME
				Lydia Knowles Johnson	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	7.1 TITLE	7.2 NAME
				87 8/28	

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]* Lydia Knowles Johnson Date Daytime Phone # 0009780

CR2E037 (3/96)