FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1998

| ļ | 1000 | · | | | | | |
|---|--|------------------------------------|--------------------------|--|--|------------------|--|
| DOCUMENT # 743462 (4) | | | | | | | |
| PALM | BEACH COUNTY CULTURAL | COHNCIL, INC. | | | | | |
| , , , | 1 | c coording mo | | | T LEADH STEAN BEAN BRANCH BIRLE BURLE HALL BIRLE BLAIR B | | |
| Principal Place of Business Mailing Address | | | | | | | |
| 1555 PALM BEACH LAKES BLVD 1555 PALM BEACH LAKES B | | | BLVD | | 3. Date Incorporated or Qualified | ···· | |
| #1414 #1414 WEST PALM BEACH FL 33401-2328 WEST PALM BEACH FL 3340 | | | M .2328 | | 06/30/1978 | | |
| US US | | | V1 2020 | | | plied For | |
| 2. Principal Place of Business 2a. Mailing Address | | | - | | | t Applicable | |
| 21 26 | | | | | 5. Certificate of Status Desired Fee Re | | |
| Sulte, Apt. #, etc. Suite, Apt. #, etc. | | | | | 6. Election Campaign Financing \$5.00 M | • | |
| 22 27 | | | | | Trust Fund Contribution Added to | Fees | |
| City & State City & State 28 | | | | 7. Is this nonprofit corporation a homeowners association? | | 17 | |
| Zip | Country | Zip | Country | | 8. This corporation owes or has paid the current year Inte | angible | |
| 24 | 25 | | 30 | | Personal Property Tax due June 30. Yes | No | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent 81 Name | | | |
| DAY UM | 111 454 P | | | | | | |
| RAY, WILLIAM E 140 PAMELA LANE | | | 82 | Street A | t Address (P.O. Box Number Is Not Acceptable) | | |
| WEST PALM BEACH FL 33405 | | | 83 | | | | |
| | | | 84 | City | 86 Zip C | 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 ager | nt and title if applicable. (NOTE: | Registered Age | nt signature | required when reinstating) DATE | | |
| 12. | OFFICERS AND | D DIRECTORS DELETE | 13. | 1 | ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS PD Change | S IN 12 Addition | |
| TITLE NAME | PD Ray, William E. | | 1.1 TITLE 1.2 NAME | | Ray, William E. | CT Addition | |
| STREET ADDRESS | ARREST CONTRACTOR AND ALLER AND ALLE | | | 13STREET ADDRESS 1555 Palm Beach Lakes Blvd. | | | |
| CITY-ST-ZIP | UPAT BALL BRACK FO | | | 14CITY-ST-ZIP Ste #1414 W. Palm Beach. FL | | | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | | VCD M Change | Addition | |
| NAME | LOWE, CATHERINE MD | | | | Lowe, Catherine MD | | |
| STREET ADDRESS CITY-ST-ZIP | MOTOR BLILL PRACTICE | | | | | | |
| TITLE | VCD DELETE | | | | The Change | Addition | |
| NAME | MULLENS, JEFFERY | | 3.2 NAME | | Chairman Mullens, Jeffrey | į | |
| STREET ADDRESS | | | | 33 STREET ADDRESS 777 South Flagler Dr. #1900 W | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | ≥ DELETE | 3.4. CITY - S | T-ZIP | West Palm Beach FL | SE Eddition | |
| TITLE NAME | CD SCHUPP, SUSAN F | NE DETEIC | 4.1 TITLE 4. 2 NAME | | Secretary SD Change | Addition | |
| STREET ADDRESS | 140 N CTY RD | | 4.3 STREET | 1 | Florence F. Starkoff | İ | |
| CITY-ST-ZIP | PALM BEACH FL | | 4.4 CITY - ST | " | 4301 N. Ocean Blvd. PH3 Boca Raton, FL 33431-5364 | | |
| TITLE | TD | DELETE | 5.1 TITLE | 7 | Boca Raton, FL 33431-5364 Treasurer TD | Addition | |
| NAME | DEVLIN, THOMAS C. | | 5.2 NAME | le | Christopher M. Larmoyeux | | |
| STREET ADDRESS 1 EAST BROWARD BLVD 1700 | | | 5.3 STREET | AUUHESS . | 1016 Clearwater Place | | |
| CITY-ST-ZIP TITLE | <u>FT. LAUDERDALE FL</u> | ☐ DELETE | 5.4 CITY-SI 6.1 TITLE | | West Palm Beach, FL 3340 change | Addition | |
| NAME | | | 6.2 NAME | | · · · · · · · · · · · · · · · · · · · | | |
| STREET ADDRESS | | / \ | 6.3 STREET | ADDRESS | | | |
| CITY CT 710 | | | EACITY OF | - 1 | | | |

the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under ceth; that I am an ecute this report as required by Chapter 617, Florida Statutes; and that my name appears in WILLIAM C. Ray PROJECT 1998

FILED

Mar 05 1998 8:00am

Secretary of State