

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 # 745192 (5)
1. Corporation Name
SUNFEST OF PALM BEACH COUNTY, INC.



Principal Place of Business
**326 FERN STREET 302
W. PALM BCH. FL 33401**

Mailing Address
**P.O. BOX 279
W. PALM BCH FL 33402-0279**

3. Date Incorporated or Qualified 12/12/1978	3a. Date of Last Report 02/27/1995
4. FEI Number 59-1864355	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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

**MAYANS STEVEN A
C/O MOYLE FLANIGAN KATZ FITZGERALD SHEEHAN
625 NORTH FLAGLER DR 9TH FLOOR
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	BROWER, KENNETH <input checked="" type="checkbox"/> DELETE	11 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME Jim Bronstien	
STREET ADDRESS		13 STREET ADDRESS 12891 Marsh Pointe Way	
CITY-ST-ZIP		14 CITY-ST-ZIP Palm Beach Gardens, FL 33418	
TITLE PD	BURNS, THOMAS G <input type="checkbox"/> DELETE	21 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME Don Mathis	
STREET ADDRESS		23 STREET ADDRESS 146 Thornton Drive	
CITY-ST-ZIP		24 CITY-ST-ZIP Palm Beach Gardens, FL 33418	
TITLE VD	KETTNER KEN <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE SD	BROADWAY, ROBERT L. <input type="checkbox"/> DELETE	41 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME Burns, Thomas G.	
STREET ADDRESS		43 STREET ADDRESS 890 Briarwood Drive	
CITY-ST-ZIP		44 CITY-ST-ZIP West Palm Beach, FL 33415	
TITLE TD	MARKS, BENNETT <input type="checkbox"/> DELETE	51 TITLE Kettner, Ken	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME D	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE D	TWYFORD, SUE <input type="checkbox"/> DELETE	61 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME Broadway, Robert L.	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SunFest of Palm Beach County, Inc.

SIGNATURE: By *Sue A. Twyford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue A. Twyford, Executive Director

3/6/16

Date

(407)659-5980

Daytime Phone #

CR2E037 (12/95)