


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 753868 | | | | | |
| 1. Corporation Name GUILD OF CATHOLIC LAWYERS OF THE DIOCESE OF PALM BEACH, INC. | | | | | |
| Principal Place of Business C/O ST. EDWARDS CATHOLIC CHURCH 144 N. COUNTY ROAD PALM BEACH FL 33408 | | | Mailing Address C/O ST. EDWARDS CATHOLIC CHURCH 144 N. COUNTY ROAD PALM BEACH FL 33408 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 08/25/1980 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | NOT APPLICABLE | |
| 24 Country | | 29 Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 | | 30 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| CRESCENZO, RONALD E 515 NORTH FLAGLER DRIVE SUITE 1900 WEST PALM BEACH FL 33401 | | | 81 Name | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | |
| | | | 84 City | | |
| | | | 85 Zip Code | | |
| | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| 12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE | | P | | 1.1 TITLE | |
| NAME | | ACKERMAN, JOSEPH L | | 1.2 NAME | |
| STREET ADDRESS | | 515 N. FLAGLER DR #1900 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | WEST PALM BEACH FL 33401 | | 1.4 CITY-ST-ZIP | |
| TITLE | | S | | 2.1 TITLE | |
| NAME | | CRESCENZO, RONALD E | | 2.2 NAME | |
| STREET ADDRESS | | 515 N. FLAGLER DR #1900 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | WEST PALM BEACH FL 33401 | | 2.4 CITY-ST-ZIP | |
| TITLE | | T | | 3.1 TITLE | |
| NAME | | SENDER, ROBERT B | | 3.2 NAME | |
| STREET ADDRESS | | 700 UNIVERSE BLVD | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | JUNO BEACH FL 33408 | | 3.4 CITY-ST-ZIP | |
| TITLE | | D | | 4.1 TITLE | |
| NAME | | FALNAGAN, JAMES | | 4.2 NAME | |
| STREET ADDRESS | | 1555 PALM BEACH LAKES BLVD | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | WEST PALM BEACH FL 33401 | | 4.4 CITY-ST-ZIP | |
| TITLE | | D | | 5.1 TITLE | |
| NAME | | GRAHAM, ROBERT M | | 5.2 NAME | |
| STREET ADDRESS | | 777 SOUTH FLAGLER DRIVE, SUITE 500 | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | WEST PALM BEACH FL 33401 | | 5.4 CITY-ST-ZIP | |
| TITLE | | D | | 6.1 TITLE | |
| NAME | | BOHN, RUSSELL S | | 6.2 NAME | |
| STREET ADDRESS | | 1615 FORUM PLACE | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | WEST PALM BEACH FL 33401 | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald E Crescenzo, Secretary 1/12/98 832-5900

Date

Daytime Phone #

(561)

CR2E037 (11/98)