

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90029 013 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        |                                                                                  |                                                                           |                                                                                                                                                                             |                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>DOCUMENT # 763790</b><br>1. Entity Name<br><b>THE RAYMOND F. KRAVIS CENTER FOR THE PERFORMING ARTS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        |                                                                                  |                                                                           |                                                                                            |                                                                                      |
| Principal Place of Business<br><b>701 OKEECHOBEE BLVD.<br/>W PALM BEACH, FL 33401</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |                                                                                  | Mailing Address<br><b>701 OKEECHOBEE BLVD.<br/>W PALM BEACH, FL 33401</b> |                                                                                                                                                                             |                                                                                      |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        | 3. Mailing Address                                                               |                                                                           |                                                                                                                                                                             |                                                                                      |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        | Suite, Apt. #, etc.                                                              |                                                                           |                                                                                                                                                                             |                                                                                      |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        | City & State                                                                     |                                                                           |                                                                                                                                                                             |                                                                                      |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                | Zip                                                                              | Country                                                                   | 4. FEI Number<br><b>59-2245054</b>                                                                                                                                          |                                                                                      |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                        |                                                                                  |                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                      |                                                                                      |
| 6. Name and Address of Current Registered Agent<br><br><b>MOYLE, JON<br/>625 NORTH FLAGLER DR.<br/>WEST PALM BEACH, FL 33401</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                        |                                                                                  |                                                                           | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                                                      |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |                                                                                  |                                                                           |                                                                                                                                                                             |                                                                                      |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                        |                                                                                  |                                                                           |                                                                                                                                                                             |                                                                                      |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                           | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                          |                                                                                      |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |                                                                                  |                                                                           |                                                                                                                                                                             |                                                                                      |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                        |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>              |                                                                                                                                                                             |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>GOODMAN, JUDITH<br>ONE NORTH CLEMATIS STREET<br>WEST PALM BEACH, FL 33401        | <input type="checkbox"/> Delete                                                  |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CD<br>DREYFOOS, ALEXANDER W JR<br>529 SOUTH FLAGLER DRIVE<br>WEST PALM BEACH, FL 33401 | <input type="checkbox"/> Delete                                                  |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LTRS<br>MICHEL, GEORGE J JR.<br>310 MEDITERRANEAN RD.<br>PALM BEACH, FL 33480          | <input type="checkbox"/> Delete                                                  |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>PUDER, ROBERT S<br>184 BRADELY PLACE, #202<br>PALM BEACH, FL 33480               | <input type="checkbox"/> Delete                                                  |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | LTRS<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CEO<br>MITCHELL, JUDITH<br>701 OKEECHOBEE BLVD.<br>WEST PALM BEACH, FL 33401           | <input type="checkbox"/> Delete                                                  |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CFO<br>ROBERTS-RUGE, KYLE<br>701 OKEECHOBEE BLVD.<br>WEST PALM BEACH, FL 33401         | <input type="checkbox"/> Delete                                                  |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                        |                                                                                  |                                                                           |                                                                                                                                                                             |                                                                                      |
| <b>SIGNATURE:</b> <u>Kyle Roberts Ruge CFO</u> <span style="float: right;">1-17-07 861 8338300</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |                                                                                  |                                                                           |                                                                                                                                                                             |                                                                                      |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                        |                                                                                  |                                                                           |                                                                                                                                                                             |                                                                                      |

**50000914**



01082007 Chg-NP CR2E037 (12/06)

ATTACHMENT  
50000914

THE RAYMOND F. KRAVIS CENTER FOR  
THE PERFORMING ARTS, INC. – DOCUMENT #163790

ATTACHMENT TO 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ITEM #10 OFFICERS AND DIRECTORS (CONTINUED) PAGE 1 OF 3

D  
BROGAN, JOHN  
400 NORTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

D  
PONTON, DANIEL  
9 GOLFVIEW ROAD  
PALM BEACH, FL 33480

D  
ELMORE, GEORGE T.  
2101 S. CONGRESS AVE.  
DELRAY BEACH, FL 33445

D  
COHEN, JULIAN  
2 NORTH BREAKERS ROW  
PALM BEACH, FL 33480

D  
COOK, PATRICIA  
315 SOUTH LAKE DRIVE  
PALM BEACH, FL 33480

D  
CORRIGAN, HAROLD  
534 ISLAND DRIVE  
PALM BEACH, FL 33480

D  
DIAMOND, EPHRAIM  
110 SUNSET AVE. - #3A  
PALM BEACH, FL 33480

D  
DODGE, JOHN  
HARBOUR RIDGE  
1025 SW MARTIN DOWNS BLVD  
PALM CITY, FL 34990

LIFE TRUSTEE  
ECCLESTONE, E. LLWYD JR.  
1555 PALM BEACH LAKES BLVD. ST 1100  
WEST PALM BEACH, FL 33402

LIFE TRUSTEE  
ELLINGTON, CHARLIE  
1510 – 6<sup>TH</sup> STREET  
WEST PALM BEACH, FL 33401

LIFE TRUSTEE  
GOSMAN, ABRAHAM D.  
513 N. COUNTY RD.  
PALM BEACH, FL 33480

LIFE TRUSTEE  
HARRIS, J. IRA  
220 SUNRISE AVE. – ST. 210  
PALM BEACH, FL 33480

LIFE TRUSTEE  
HESS, MARSHALL  
200 BRADLEY PLACE  
PALM BEACH, FL 33480

VCD  
FLAMM, ALEC  
2000 S OCEAN BLVD  
PALM BEACH, FL 33480

LIFE TRUSTEE  
HOWARD, JOHN  
626 CLEARLAKE AVE.  
WEST PALM BEACH, FL 33401

LIFE TRUSTEE  
LEVENTHAL, NORMAN  
12 SLOAN'S CURVE DRIVE  
PALM BEACH, FL 33480

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ATTACHMENT TO 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT  
ITEM #10 OFFICERS AND DIRECTORS (CONTINUED) PAGE 2 OF 3

D  
SCHOTT, LEWIS  
220 SUNRISE AVE. ST. 216  
PALM BEACH, FL 33480

LIFE TRUSTEE  
MARDEN, BERNARD  
1290 SOUTH OCEAN BLVD.  
PALM BEACH, FL 33480

LIFE TRUSTEE  
SHAPIRO, CARL  
2 NORTH BREAKERS ROW S-45  
PALM BEACH, FL 33480

LIFE TRUSTEE  
GINN, SHANNON R.  
PO BOX 14517  
NORTH PALM BEACH, FL

D  
GIMELSTOB, HERBERT  
2300 NW CORPORATE BLVD  
BOCA RATON, FL 33431

LIFE TRUSTEE  
STONE, NATALIE  
170 N. OCEAN BLVD.  
PALM BEACH, FL 33480

TD  
KHOURY, AMIN  
1400 CORPORATE CENTER WAY  
WELLINGTON, FL 33414

D  
MILLER, ALAN H.  
450 ROYAL PALM WAY  
PALM BEACH, FL 33480

D  
RUMBOUGH, STANLEY M. JR.  
44 COCOANUT ROW  
PALM BEACH, FL 33480

D  
PERSSON, HELEN  
11460 LOST TREE WAY  
NORTH PALM BEACH, FL 33408

D (EX-OFFICIO)  
FRANKEL, LOIS (MAYOR)  
200 SECOND STREET  
WEST PALM BEACH, FL 33401

LIFE TRUSTEE  
PLEDGER, THOMAS  
16561 JUPITER FARMS RD  
JUPITER, FL 33478

D (EX-OFFICIO)  
NEWELL, WARREN (COMMISSIONER)  
301 N. OLIVE AVE.  
WEST PALM BEACH, FL 33401

D  
ROBB, DAVID B. JR.  
777 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

D  
LANGONE, ELAINE  
SANDS POINT ROAD  
SANDS POINT, NEW YORK 11050

D  
PICOWER, BARBARA  
1410 S OCEAN BLVD  
PALM BEACH, FL 33480

VCD  
MEYER, WILLIAM  
1601 BELVEDERE ROAD  
WEST PALM BEACH, FL 33406

D  
VECELLIO, MRS. LEO  
210 VIA DEL MAR  
PALM BEACH, FL 33480

D  
MONTGOMERY, ROBERT  
1016 CLEARWATER PLACE  
WEST PALM BEACH, FL 33402

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ITEM #10 OFFICERS AND DIRECTORS (CONTINUED) PAGE 3 OF 3

D  
KOHL, SIDNEY  
1070 NORTH LAKE WAY  
PALM BEACH, FL 33480

D  
JENKINS, JOHN  
1544 6<sup>TH</sup> STREET  
WEST PALM BEACH, FL 33401

D  
WOLF, MRS. JOHN  
2000 SOUTH OCEAN BLVD  
PALM BEACH, FL 33480

D  
WEEDE, HARRY  
7970 SANDHILL COURT  
WEST PALM BEACH, FL 33412

D  
LICKLE, GARRISON  
450 ROYAL PALM WAY  
PALM BEACH, FL 33480

D  
GOLDEN, BARBARA DR.  
3341 MONET DRIVE  
PALM BEACH GARDENS, FL 33410

D  
JAFFE, ELLEN  
333 SUNSET AVENUE  
PALM BEACH, FL 33480

D  
MITCHELL, JANE  
11231 US HIGHWAY ONE  
NORTH PALM BEACH, FL 33408

D  
MYERS, ALEXANDER 'SANDY'  
3227 EMBASSY DRIVE  
WEST PALM BEACH, FL 33401