

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 #
1. Corporation Name

NO1535

CRESTWOOD PERFORMING ARTS LEAGUE INC

Principal Place of Business: Royal Palm Beach Cultural Center, c/o P.O. Box 210336, Royal Palm Beach, FL 33421
Mailing Address: P.O. Box 210336, Royal Palm Beach, FL 33421

3. Date Incorporated or Qualified: 02/20/1984
3a. Date of Last Report: 1/17/95
4. FEI Number: 59-2662600
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 (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ULRICH, CLOVER
104A WEYBRIDGE CIRCLE
Royal Palm Beach, FL 33411

81 Name: BONNIE O. GOLDBERG
82 Street Address (P.O. Box Number is Not Acceptable): 198 Natchez Trace
83 City: Royal Palm Beach, FL 33411
84 City: FL
85 Zip Code: 33411

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: *Bonnie O. Goldberg*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	RS	<input type="checkbox"/> DELETE
NAME	MORRISON, FITZ	
STREET ADDRESS	129 Cordoba Circle	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, BONNIE	
STREET ADDRESS	198 Natchez Trace	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ULRICH, CLOVER	
STREET ADDRESS	104A WEYBRIDGE CIR	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FINN, HERBERT	
STREET ADDRESS	234 POINTE DE LOUVE AVE	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	600001854916	
1.4 CITY-ST-ZIP	-06/07/96--01011--015	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	***61.25	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VIVIAN FERRIN	
3.3 STREET ADDRESS	158 NATCHEZ TR.	
3.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DOLLY HUGHES	
4.3 STREET ADDRESS	1160 WEYBRIDGE CIR	
4.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
5.1 TITLE	SP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANN MCDONNELL	
5.3 STREET ADDRESS	101-B WEYBRIDGE CIR	
5.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ULRICH, CLOVER	
6.3 STREET ADDRESS	376 N. HAMPTON-S	
6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411	

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: *Bonnie Goldberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1995 (407) 793-0744
Date Daytime Phone #

CR2E037 (12/95)

G-6 JK