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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01535 (6)

1. Corporation Name
CRESTWOOD PERFORMING ARTS LEAGUE, INC.



Principal Place of Business: ROYAL PALM BCH. CULTURAL CENTER
C/O PO BOX 210336
ROYAL PALM BEACH FL 33421
Mailing Address: ROYAL PALM BCH. CULTURAL CENTER
C/O PO BOX 210336
ROYAL PALM BEACH FL 33421

3. Date Incorporated or Qualified: 02/20/1984
3a. Date of Last Report: 06/06/1996

2. Principal Place of Business: Royal Palm Beach Cultural Center
21. Suite, Apt. #, etc.:
22. City & State: Royal Palm Beach, Fl.
23. Zip: 33411
24. Country: Palm Beach
25. Mailing Address: Crestwood Performing Arts League
26. Suite, Apt. #, etc.:
27. City & State: P.O. Box 210336
28. City & State: Royal Palm Beach Fl.
29. Zip: 33421
30. Country: Palm Beach

4. FEI Number: 59-2662600
Applied For: Not Applicable

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 Please advise

9. Name and Address of Current Registered Agent: GOLDBERG, BONNIE O
198 NATCHEZ TRACE
ROYAL PALM BEACH FL 33411
10. Name and Address of New Registered Agent: 81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: FL 85 Zip 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: Bonnie O. Goldberg
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 2-6-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, FITZ	1.2 NAME	
STREET ADDRESS	129 CORDOBA CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, BONNIE	2.2 NAME	
STREET ADDRESS	198 NATCHEZ TRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIN, VIVIAN	3.2 NAME	
STREET ADDRESS	198 NATCHEZ TRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, DOLLY	4.2 NAME	
STREET ADDRESS	114-C WEYBRIDGE CIR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCANDREWS, MIMI	5.2 NAME	
STREET ADDRESS	101-B WEYBRIDGE CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULRICH, CLOVER	6.2 NAME	TIP: Ulrich, Clover
STREET ADDRESS	376 N. HAMPTON S	6.3 STREET ADDRESS	7080 Gila Lane
CITY-ST-ZIP	W. PALM BCH FL 33417	6.4 CITY-ST-ZIP	West Palm Beach, Fl. 33411

14. I do 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.

SIGNATURE: Bonnie O. Goldberg
Date: Feb 6, 1997 (561) 793-074

CP25037 (9/95)