

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 151 CIVIC CENTER WAY ROYAL PALM BEACH FL 33411 US	Mailing Address CRESTWOOD PERFORMING ARTS LEAGUE P.O. BOX 210336 ROYAL PALM BEACH FL 33421 US
--	---

3. Date incorporated or Qualified 02/20/1984		
4. FEI Number 59-2662600	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

6. 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RS <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCANDREWS, MIMI	5.2 NAME	TURANICZO, KELLYANNE
STREET ADDRESS	101-B WEYBRIDGE CIR.	5.3 STREET ADDRESS	13170 85TH RD N
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	5.4 CITY-ST-ZIP	WEST PALM BCH, FL 33412
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULRICH, CLOVER	6.2 NAME	
STREET ADDRESS	7080 GILA LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL 33411	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.

SIGNATURE: *Bonnie O. Goldberg* February 3, 1998 (561) 793-0744

CR2E037 (10/97)