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Feb 10 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 # N08941 (9)

1. Corporation Name

LEADERSHIP PALM BEACH COUNTY, INC.



Principal Place of Business

Mailing Address

901 NORTHPOINT PARKWAY
SUITE 102
WEST PALM BEACH FL 33407
US

901 NORTHPOINT PARKWAY
SUITE 102
WEST PALM BEACH FL 33407-1970
US

3. Date Incorporated or Qualified
04/26/1985

3a. Date of Last Report
06/25/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2569097

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHISMARK, GEORGE
901 NORTHPOINT PARKWAY, 102
WEST PALM BEACH FL 33407

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MD DELETE
NAME CHISMARK, GEORGE
STREET ADDRESS 901 NORTHPOINT PARKWAY
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME CARLINO, DIANE
STREET ADDRESS PO BOX 30536
CITY-ST-ZIP PALM BEACH GARDENS FL

2.1 TITLE Change Addition
2.2 NAME PD
2.3 STREET ADDRESS CARLINO, DIANE
2.4 CITY-ST-ZIP 9230 CYPRESS HOLLOW DRIVE
PALM BEACH GARDENS, FL 33418

TITLE VD DELETE
NAME CHESTER, SALLY
STREET ADDRESS 901-45TH ST
CITY-ST-ZIP WEST PALM BEACH FL

3.1 TITLE Change Addition
3.2 NAME SD
3.3 STREET ADDRESS SUGARMAN, JIM
3.4 CITY-ST-ZIP 2701 N. AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33407

TITLE PD DELETE
NAME BOWMAN, DARI
STREET ADDRESS 19198 PINE TREE DRIVE
CITY-ST-ZIP TEQUESTA FL

4.1 TITLE Change Addition
4.2 NAME TD
4.3 STREET ADDRESS KRIELOW, GARY
4.4 CITY-ST-ZIP 2700 P.G.A. BLVD., #203
PALM BEACH GARDENS, FL 33410

TITLE T DELETE
NAME HOUFF, LARRY
STREET ADDRESS 1800 OLD OKEECHOBEE
CITY-ST-ZIP WEST PALM BEACH FL

5.1 TITLE Change Addition
5.2 NAME VD
5.3 STREET ADDRESS STEWART, DEBORAH
5.4 CITY-ST-ZIP 3372 FOREST HILL BLVD., WING A
WEST PALM BEACH, FL 33406-5870

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: George G. Chambers, III

2/3/97

Date

561-688-0588

Daytime Phone # 040447

CR2E037 (9/96)