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 # N12856

(3)

PALM BEACH LITURGICAL CULTURE FOUNDATION, INC.							
Principal Place o	f Business	Mailing Address			C ditalistät has mann mann samm arma a.		
\$MAX B. SHAPIRO\$MAX B. SHAPIRO6760 VERSAILLES COURT6760 VERSAILLES COURTLAKE WORTH FL 33467LAKE WORTH FL 33467					O different	2a Data of L	net Paged
					3. Date Incorporated or Qualified 01/06/1986	3a. Date of La 02/09	1995
2. Principal Plac	ce of Business	2a. Mailing Address 26			4. FEI Number 59-2622987	Applied For Not Applicable	
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 M		.00 May Be
3		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip Country		untry	8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes ☐ Yes ☐ No		rs. 199.032,
4	25 9. Name and Address of Current	29 Registered Agent	30}	T	10. Name and Address of New Re		
				81 Name			
SHARPIRO, MAX B. 6760 VERSAILLES COURT				B2 Street Addre	ess (P.O. Box Number is Not Acceptable)	
LAKE WORTH FL 33467				83			
				84 City		FL 85	Zip Code
44 Discussion to	the provisions of Sections 617 0502	and 617 1508. Florida Statu	ites the ab	ove-named corpor	ation submits this statement for the purp	ose of changing	its registered offic
	d agent, or both, in the State of Florida, and accept the obligations of, Section			corporation's boar	d of directors. Thereby accept the appoint	ntment as registe	red agent. I am
SIGNATURE _	(see I M.) e_s			RLS V	rec	\$/	16/96
SIGNATURE _	Signature, typed or printed name of registered agent a				twhen reinstating) ADDITIONS/CHANGES TO OFFICE	DATE /	TORSIN 12
12.	OFFICERS AND	DIRECTORS DELETE	13	TITLE	ADDITIONS/CHANGES TO OFFIC	Char	
TITLE NAME	SHAPIRO, MAX B.		1	NAME		_	_
STREET ACCIDESS	6760 VERSAILLES COURT		1.3	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL		14	CITY-ST-ZIP			
TITLE	TD	DELETE	21	TITLE		☐ Char	nge 🔲 Addition
NAME	NEWMARK, EMANUEL			NAME			
STREET ADDRESS	140 JOHN F. KENNEDY CIR.			STREET ADDRESS			
CITY-ST-ZIP	ATLANTIS FL	□ DELETE		CITY-ST-ZIP TITLE		Char	nge Addition
TITLE	KAPNER, LOUIS	L'IDELLIE		NAME			·
NAME	2139 PALM BCH LKS BLVD.			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	WEST PALM BEACH FL			CITY - ST - ZIP			
TITLE	T	DELETÉ		TITLE		☐ Cha	nge 🔲 Addition
NAME	WIESENECK, PAUL M.		4. 2	NAME			
STREET ADDRESS	13221 ST. TROPEZ CIRCLE		4.3	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL			CITY-ST-ZIP		☐ Cha	nge Addition
TITLE		DELETE		TIFLE		□ сна	ilge 🔲 Addition
NAME				NAME CTOCKT ADDRESS			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP		DELETE		CITY-ST-ZIP TITLE		☐ Cha	nge 🔲 Add tion
TITLE				NAME			
NAME STREET ADDRESS				STREET ADDRESS			
0.714 07 710			6.4	LCITY-ST-ZIP			
14. I do hereb certify that		iai report or supplemental al ration or the receiver or trus	nnuai repoi stee empov		for the exemption stated in Section 119, ate and that my signature shall have the is report as required by Chapter 617, Fig.		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

V \$16/94

Day and the same a

CR2E037 (12/95)