**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

**DOCUMENT # N12856** 

PALM BEACH LITURGICAL CULTURE FOUNDATION, INC.

Principal Place of Business %MAX B. SHAPIRO 6760 VERSAILLES COURT LAKE WORTH FL 33467

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

%MAX B. SHAPIRO 6760 VERSAILLES COURT LAKE WORTH FL 33467



03-06-1999 90140 029 \*\*\*\*61.25

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Applied For

3. Date Incorporated or Qualifed

01/06/1986

4. FEI Number

Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number	App	lied For	
2	.,	27			59-2622987	·- <u>-</u>	Not	Applicable
City & State	3	City & State			5 Contifered of Status Design	red 🗆	\$8.75 A	ditional
3		28			5. Certifcate of Status Desir	ea 🗀	Fee Rec	uired
Zip			Country		6. Election Campaign Finan	icing _	\$5.00 N	vlay Be
4	25 29 30			Trust Fund Contribution Added to Fees				
~I	9. Name and Address of Current				10. Name and Address of I	lew Registered	Agent	
			81	Name				
CHADDIDO	MAV D		82	Street Addre	oo (D.O. Boy Number is Not A	ccentable)		
SHARPIRO, MAX B. 6760 VERSAILLES COURT LAKE WORTH FL 33467			02	82 Street Address (P.O. Box Number is Not Acceptable)				
			83	****				
						<u> </u>		
			84	City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 617.0502	and 617 1509 Florida Statutes	the above	anamed como	ration submits this statement for	or the nurpose of	changing its	egistered
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	: Florida. Such change was autr	iorized by	the corporation	n's board of directors. I hereby	accept the appoi	ntment as reg	istered
SIGNATURE		AOTE D	noistered Acor	t signature required	when reinstating)	DATE		<del></del> [
12.	Signature, typed or printed name of registered agent of OFFICERS AND		13.	it algretore roquiros	ADDITIONS/CHANGES T		ID DIRECTOR	RS IN 12
TITLE	PD	□ DELETE	1.1 TITLE				☐ Change	Addition
ļ	· <del>-</del>	_	1.2 NAME					
NAME	SHAPIRO, MAX B.		1.3 STREET	ADDRESS				İ
STREET ADDRESS	6760 VERSAILLES COURT							
CITY-ST-ZIP	LAKE WORTH FL	☐ DELETE	1.4 CITY-S	T-ZIP	<u> </u>		Change	Addition
TITLE	TD	☐ OFFEIE	2.1 TITLE		•	• .	□ onange	
NAME	NEWMARK, EMANUEL		2.2 NAME		•			1
STREET ADDRESS	140 JOHN F. KENNEDY CIR.		2.3 STREET	ADDRESS				ĺ
C/TY-ST-ZIP	ATLANTIS FL		2. 4 CITY-S	T-ZIP		<u> </u>		□ Addition
TITLE	L	☐ DELETE	3.1 TTTLE				☐ Change	Addition
NAME	KAPNER, LOUIS		3.2 NAME	ļ				
STREET ADDRESS	2139 PALM BCH LKS BLVD.		3.3 STREET	TADORESS				Į
CITY-ST-ZIP	WEST PALM BEACH FL		3.4. CfTY-S	T-ZIP				
TITLE	T	☐ DELETE	4.1 TITLE		•		Change ·	Addition
NAME	WIESENECK, PAUL M.		4. 2 NAME					
STREET ADDRESS	13221 ST. TROPEZ CIRCLE		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS FL		4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition (
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	TADORESS	*			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			<u> </u>	
TITLE		☐ DELETE	6.1 TITLE			,	☐ Change	☐ Addition
NAME			6.2 NAME		•	•		
			6.3 STREET	T ADDRESS	4			
STREET ADDRESS			6.4 CITY-S		•			
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for the			ection 119.07(3)(i), Florida Stat	tutes. I further ce	rtify that the ir	formation

indicated on this annual report or supplied with an address, it 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 of the receiver or that ee 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, with all ether like empowered.