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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N13577

(4)

MACROBIOTIC FOUNDATION OF PALM BEACH COUNTY, INC								
rincipal Place o	f Business	Mailing Address			-	IMMI MIMIT MIMIT MINET DEMII	AIRII BIRII JAAL	
% CAROLYN R 6787 HIGH RID	: SNAPP	% CAROLYN R. SNAPP 6787 HIGH RIDGE RD.						
LANTANA FL 33462		LANTANA FL 33462			3. Date Incorporated or Qualified 02/25/1986 3a. Date of Last Report 06/16/1995		995	
. Principal Plac	se of Business	2a. Mailing Address			4. FEI Number		Applied For Not Applicable	
,		26			59-2659604		Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Required	
City & State		City & State			6. Election Campaign Financing	1 1 7 -	May Be	
City & State		28			Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Countr	у	8. This corporation has liability for i	intangible tax under s Yes <b>K</b> No	. 199.032,	
	25	29	30		Florida Statutes  10. Name and Address of New R			
	9. Name and Address of Curre	ent Registered Agent	8	Name	IV. ITALIAN MILE FRANCES			
					. /O.O. Day Number is Not Assessable	nle)		
SNAPP, CAROLYN R.			82 8		at Address (P.O. Box Number is Not Acceptable)			
	SH RIDGE RD.	83		3				
LANTANA	A FL 33462		8	4 City		85 Z	ıp Code	
			\ _	1 '	ration submits this statement for the pured of directors. I hereby accept the app			
ignature _	Signature, typed or printed name of registered ag-			jent signature require		DATE		
	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
2.	OFFICERS A		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT Change		
2. TLE	PD SNAPP, CAROLYN R.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAM	E	ADDITIONS: CHANGES TO OFF			
Z. TLE AME	PD SNAPP, CAROLYN R. 6787 HIGH RIDGE RD.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE	E ET ADDRESS	ADOITIONS/CHANGES TO OFF			
Z. TLE AME TREET ADDRESS HTY-ST-ZIP	PD SNAPP, CAROLYN R. 6787 HIGH RIDGE RD. LANTANA FL	ND DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE	E EFT ADDRESS - ST- ZIP	ADDITIONS/CHANGES TO OFF		Addition	
2. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE	PD SNAPP, CAROLYN R. 6787 HIGH RIDGE RD. LANTANA FL TD	ND DIRECTORS	13. 1.1 TITL( 1.2 NAM 1.3 STRE	E E EFT ADDRÉSS - ST-ZIP	ADDITIONS/CHANGES TO OFF	☐ Change	Addition	
2. ITLE AME TREET ADDRESS HTY-ST-ZIP ITLE IAME	PD SNAPP, CAROLYN R. 6787 HIGH RIDGE RD. LANTANA FL TD LINK, ALFRED	ND DIRECTORS	13. 1.1 TITL( 1.2 NAM 13 STRE 1.4 CITY 2.1 TITL 2.2 NAM	E E EFT ADDRESS - ST-ZIP	ADDITIONS CHANGES TO OFF	☐ Change	Addition	
2. ITLE  AME  TREET ADDRESS  HTY-ST-ZIP  ITLE  IAME  STREET ADDRESS	PD SNAPP, CAROLYN R. 6787 HIGH RIDGE RD. LANTANA FL TD LINK, ALFRED 13529 E. CITRUS DRIVE	ND DIRECTORS  DELETÉ  DELETÉ	13. 1.1 TILL 12 NAM 13 STRI 1.4 CHY 21 TITL 22 NAM 23 STRI 2.4 CH	E E E E E E E E E E E E E E E E E E E	ADDITIONS CHANGES TO OFF	☐ Change	☐ Addition	
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Z. TLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  LAME  THEET ADDRESS  ITY-ST-ZIP  ITLE  LAME  STREET ADDRESS	PD SNAPP, CAROLYN R. 6787 HIGH RIDGE RD. LANTANA FL TD LINK, ALFRED 13529 E. CITRUS DRIVE LOXAHATCHEE FL SD JAMES, JEREMY 6787 HIGH RIDGE RD	ND DIRECTORS  DELETÉ  DELETÉ	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CHY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CHT 3.1 TITLE 3.2 NAM 3.3 STRE	E ET ADDRESS ST-ZIP E E EET ADDRESS Y-ST-ZIF E AE EET ADDRESS AE EET ADDRESS	ADDITIONS CHANGES TO OFF	☐ Change	☐ Addition	
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12.  TITLE  NAME  STREET ADDRESS  DITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME	PD SNAPP, CAROLYN R. 6787 HIGH RIDGE RD. LANTANA FL TD LINK, ALFRED 13529 E. CITRUS DRIVE LOXAHATCHEE FL SD JAMES, JEREMY 6787 HIGH RIDGE RD	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CIT 3.1 TITLE 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITLE 4.2 NA 4.3 STR 4.4 CIT 5.1 TITLE 5.2 NAM 5.3 STR 5.4 CIT 6.1 TITLE 6.2 NAM 6.2 NAM 6.3 NAM 6.3 NAM 6.4 CIT 6.4 TITLE 6.5 NAM 6.5 NAM 6.4 NAM 6.5 NAM 6.	E E E E E E E E E E E E E E E E E E E	ADDITIONS CHANGES TO OFF	Change	Addition Addition Addition Addition	
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SIGNATURE:

SIGNATURE AND TYPE OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

CARDLUN A. SNAPP

561 - 588 5395 Destroit Prione 1

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