

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 # N13577 (4)

1. Corporation Name

MACROBIOTIC FOUNDATION OF PALM BEACH COUNTY, INC

Principal Place of Business

Mailing Address

% CAROLYN R. SNAPP
6787 HIGH RIDGE RD.
LANTANA FL 33462

% CAROLYN R. SNAPP
6787 HIGH RIDGE RD.
LANTANA FL 33462



3. Date Incorporated or Qualified
02/25/1986

3a. Date of Last Report
06/16/1995

4. FEI Number

59-2659604

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNAPP, CAROLYN R.
6787 HIGH RIDGE RD.
LANTANA FL 33462

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 restateating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SNAPP, CAROLYN R.
STREET ADDRESS 6787 HIGH RIDGE RD.
CITY-ST-ZIP LANTANA FL

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change

Addition

TITLE TD
NAME LINK, ALFRED
STREET ADDRESS 13529 E. CITRUS DRIVE
CITY-ST-ZIP LOXAHATCHEE FL

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

TITLE SD
NAME JAMES, JEREMY
STREET ADDRESS 6787 HIGH RIDGE RD
CITY-ST-ZIP LAKE WORTH FL

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN R. SNAPP

Date

Daytime Phone #

5/10/96 561-588-5395