

4/28/98 B- 5812 C
FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18593** (6)

1. Corporation Name

PALM BEACH POPS ORCHESTRA, INC.

Principal Place of Business

Mailing Address

**1399 N. KILLIAN DR.
SUITE 2
LAKE PARK FL 33403**

**P.O. BOX 13075
NORTH PALM BEACH FL 33408**



2. Principal Place of Business	2a. Mailing Address
21 1395 N. Killian Dr.	2a P.O. Box 13075
22 Suite 1	2b Suite, Apt. #, etc.
23 Lake Park, Fl	2c North Palm Beach, Fl.
24 33403	2d 33408
25 Palm Beach	2e Palm Beach

3. Date Incorporated or Qualified	12/31/1986
4. FEI Number	65-0185581
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DE BANG, RICHARD 1399 N. KILLIAN DR. UNIT 2 LAKE PARK FL 33403	Richard de Bang 1395 N. Killian Dr. Lake Park, Fl. FL 33403

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 *Richard de Bang* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, FREDERICK K PHD	1.2 NAME	
STREET ADDRESS	1399 N KILLIAN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, LINDA	2.2 NAME	
STREET ADDRESS	1399 N KILLIAN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODY, ELIZABETH G	3.2 NAME	
STREET ADDRESS	4470 NORTHLAKE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBACH, SUSAN L	4.2 NAME	
STREET ADDRESS	4470 NORTHLAKE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVAJAY, ADELBERT MD	5.2 NAME	
STREET ADDRESS	3100 SPRINGDALE BLVD., APT. 216	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL 33461	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Richard de Bang* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 2041403

CR25037 (10/97)