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96 FEB -5 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38388 (7)
1. Corporation Name
FRIENDS OF MACARTHUR BEACH STATE PARK, INC.

Principal Place of Business % WILLIAM J. HYLAND, JR. 10900 SR 703 (A-1-A) N PALM BCH FL 33408-3440	Mailing Address % WILLIAM J. HYLAND, JR. 10900 SR 703 (A-1-A) N PALM BCH FL 33408-3440
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/31/1990	3a. Date of Last Report 01/27/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0196497	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.022, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent HYLAND, WILLIAM J., JR. 10900 STATE ROAD 703 (A-1-A) NORTH PALM BEACH FL 33408	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
	85. State FL
	86. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, 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 617.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFLEGER, JOHN A	1.2 NAME	
STREET ADDRESS	10900 ST. RD. 703 (A-1-A)	1.3 STREET ADDRESS	
CITY-STATE-ZIP	NORTH PALM BEACH FL 33408	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBELL, ELSA R	2.2 NAME	MICHAEL J. DYER
STREET ADDRESS	911 N. POMPANO DRIVE	2.3 STREET ADDRESS	ZOOCPGA BLVD., SUITE 2202
CITY-STATE-ZIP	JUPITER FL 33458	2.4 CITY-STATE-ZIP	PALM BEACH Gdns, FL 33408
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILLYAW, JOHN N	3.2 NAME	
STREET ADDRESS	10900 ST. RD. 703 (A-1-A)	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NORTH PALM BEACH FL 33408	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____

CR2E037 (12/95)

SP7 Change Addition
2/15