## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N46279 DOCUMENT #

(8)

PROJECT LAKE WORTH, INC.

| Principal Place                             | Mailing Address  | g Address                                   |                                       |                 |   |  |
|---|--|---|---------------------------------------|-----------------|---|--|
| 1701 LAKE WORTH ROAD<br>LAKE WORTH FL 33460 |  | 1701 LAKE WORTH ROAD<br>LAKE WORTH FL 33460 |                                       |                 |   |  |
|   |  |   |                                       |                 |   | 3. Date Incorporated or Qualified 12/02/1991 3a. Date of Last Report 04/19/1995  |
| 2. Principal Pla                            | ice of Business  | 2a. Mailing Address                         |                                       |                 |   | 4. FEI Number Applied For NOT APPLICABLE Not Applied be  |
| 21  |  | 26  |                                       |                 |   | NOT APPLICABLE   Not Applicable   \$8.75 Additional  |
| Suite, Apt. #                               | t, etc.  | Suite, Apt. #, etc.                         |                                       |                 |   | 5. Certificate of Status Desired Fee Required  |
| City & State                                | ,  | City & State                                |                                       |                 |   | 6. Election Campaign Financing \$5.00 May Be   |
| 23  |  | 28  |                                       |                 |   | Trust Fund Contribution Added to Fees  |
| Zip Country                                 |  | Ζφ  | · · · · · · · · · · · · · · · · · · · |                 |   | This corporation has liability for intangible tax under s. 199.032,     Florida Statutes   |
| 24  | 25 29 30 30 9. Name and Address of Current Registered Agent  |   | Τ                                     |                 | Florida Statutes Yes No  10. Name and Address of New Registered Agent |  |
|   | 9. Name and Address of Currer  | it Hodistoren wägirt                        |                                       | 81              | Name  |  |
| KIRK GRANTHAM, ESQUIRE                      |  |   |                                       | 82              | Street Ac   | ddress (P.O. Box Number is Not Acceptable)   |
|   | REST HILL BLVD., SUITE 105   |   |                                       | Ü.              | Oli Bell Ac   | denotes ( 1.0. European Control of Control o |
|   | ALM BEACH FL 33406   |   |                                       | 83              |   |  |
|   |  |   |                                       | 84              | City  | FL 85 Zip Code   |
|   | 0.7.050  | 0   | a the chr                             |                 | amad sos  | poration submits this statement for the purpose of changing its registered office  |
| ne enginter                                 | o the provisions of Sections 617.000.<br>ed agent, or both, in the State of Flor<br>th, and accept the obligations of, Sec | ida. Such channe was aufhorize              | ad by the i                           | corp            | oration's b   | oard of directors. I hereby accept the appointment as registered agent. I am   |
| SIGNATURE _                                 | Signature, typed or printed name of registered agen  | it and title if accludation (NO             | TE: Registered                        | d Ager          | 1 signature reu   | pired when renstating! DATE  |
| 12. OFFICERS AND DIRECTORS                  |  |   | 13.                                   |                 |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE                                       | PD   | ☐ DELET€                                    | 1.1 T                                 | ITLE            |   | PD Change Addition   |
| NAME  | FOLEY, E. J JR.  |   |                                       | IAME            |   | DR. ROXANNE SOLOMON  |
| STREET ADDRESS                              | 716 S. K STREET  |   |                                       |                 | ADORESS   | 4242 D'Este Court, #206 Lake Worth, FL 33467   |
| CITY - ST - ZIP                             | LAKE WORTH FL<br>VD  | DELETE 211                                  |                                       |                 | ST - ZIP  | Lake Worth, FL 33467   |
| TITLE<br>NAME                               | TATE, JONI   |   |                                       | IAME            | -   | CHRIS BELL   |
| STREET ADDRESS                              |  |   | 235                                   | TREE            | F ADDRESS   | 705 North Palmway  |
| City-St-7/P                                 | LAKE WORTH FL  |   | 2 4 CITY                              |                 | ST-2IP  | Lake Worth, FL 33460   |
| TITLE                                       | SD   | DELÉTE                                      | 317                                   | 3 1 TITLE       |   | SD Change Addition   |
| NAME  | PASSTON, RHONDA  |   |                                       | VAME            |   | JOAN MORGAN  |
| STREET ADDRESS                              | 2610 HOLY CROSS LANE   |   | 1                                     |                 | T ADDRESS   | 126 South J Street   |
| CITY - ST - ZIP                             | LAKE WORTH FL  | DELETE                                      |                                       | CHTY-<br>THILE  | ST-ZIP  | Lake Worth, FL 33460   |
| TITLE<br>NAME                               | RASMUSSEN, LAURIE  | Loccere                                     |                                       | NAME            |   | TD TERESA ATHAS  |
| STREET ADDRESS                              | 631 N. O STREET  |   |                                       |                 | 1 ADDRESS   | 531 Lucerne Avenue   |
| CITY-ST-ZIP                                 | LAKE WORTH FL  |   | 4.4                                   | CITY -          | ST-ZIP  | Take Worth FL 33460  |
| TITLE                                       | D  | DELETE                                      | 51                                    | TITLE           |   | D K Change Addition  |
| NAME  | CAPPELLA, JOSEPH A   |   |                                       | NAME            | 1   | E. J. FOLEY, JR.   |
| STREET ADDRESS                              | 404 W. LANTANA RD.   |   |                                       |                 | T ADDRESS   | 716 South K Street Lake Worth, FL 33460  |
| CITY-ST-ZIP                                 | LAKE WORTH FL  | FL DELETE                                   |                                       | CITY -<br>TITLE | ST-ZIP  | Change St Addition   |
| TITLE                                       |  |   |                                       | NAME            |   | DAVID CANTLEY  |
| NAME<br>STREET ADDRESS                      | 1701 LAKE WORTH RD.  |   | 6.3                                   | STREE           | T ADDRESS   | 1701 Lake Worth Road   |
| CITY-ST-7IP                                 | LAKE WORTH FL 33460  |   | 6.4                                   | CITY -          | ST-ZIP  | Lake Worth, FL 33460   |
| 14. I do herel                              | by certify that the information supplied   | d with this filing is voluntarily furi      | nished and                            | d do            | es not qua  | Lake Worth, FI. 33460<br>lifty for the exemption stated in Section 119.07(3)(k), Florida Statutes I further<br>curate and that my signature shall have the same legal effect as if made under  |

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 the cath, 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: SIGNATURE AND TYPED OF PRINTED NAME OF SHOWING OFFICER OR DIRECTOR
ROXANNE Solomon, Ed.D., President

1/17/96

(407) 533-6302

CR2E037 (12/95)