

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 # N48141 (8)

1. Corporation Name

PALM BEACH LITERARY SOCIETY, INC.

Principal Place of Business

Mailing Address

% NORTHERN TRUST BANK
440 ROYAL PALM WAY
PALM BEACH FL 33480

% NORTHERN TRUST BANK
440 ROYAL PALM WAY
PALM BEACH FL 33480



3. Date Incorporated or Qualified

03/30/1992

3a. Date of Last Report

02/01/1995

4. FEI Number

NOT APPLICABLE

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SACHER, CHARLES P.
2655 LE JEUNE ROAD
SUITE 1101
CORAL GABLES FL 33134

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
CORTS, PAUL P.
STREET ADDRESS
901 S. FLAGLER DR.
CITY - ST - ZIP
W PALM BEACH FL

TITLE ☐ DELETE

NAME
HARR, JOYCE
STREET ADDRESS
265 ROYAL POINCIANA WAY
CITY - ST - ZIP
W PALM BEACH FL

TITLE ☐ DELETE

NAME
OWEN, LORI T
STREET ADDRESS
440 ROYAL PALM WAY
CITY - ST - ZIP
PALM BEACH FL 33480

TITLE ☐ DELETE

NAME
BARNETT, JOE
STREET ADDRESS
440 ROYAL PALM WAY
CITY - ST - ZIP
PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori T. Owen, Vice President

4-17-96

Date

(407) 622-4600

Daytime Phone

CR2E037 (12/95)