

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51306 (1)

1. Corporation Name

FOLKLORIC ARTISTS OF THE PALM BEACHES, INC.



Principal Place of Business

**525 5TH TERRACE
PALM BEACH GARDENS FL 33418
US**

Mailing Address

**525 5TH TERRACE
PALM BEACH GARDENS FL 33418
US**

3. Date Incorporated or Qualified
10/09/1992

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

21 **525 5th terrace**

2a. Mailing Address

26 **525 5th terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **Palm beach Gardens, FL**

City & State

28 **Palm beach Gdns, FL**

Zip

24 **33418**

Country

25 **U.S.A.**

Zip

29 **33418**

Country

30 **USA**

4. FEI Number

65-0377994

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

9. Name and Address of Current Registered Agent

**LAPSKER, MARTIN
1201 US HWY 1
SUITE 240-C
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

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

Martin Lapsker
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/96

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **LAPSKER, JOYCE J.**
STREET ADDRESS **525 5TH TERRACE**
CITY - ST - ZIP **PALM BCH GARDENS FL**

TITLE **VD** ☐ DELETE
NAME **HAUSMAN, SHAREN**
STREET ADDRESS **395 SILVERTHORNE POINT NE**
CITY - ST - ZIP **LAWRENCEVILLE GA**

TITLE **SD** ☐ DELETE
NAME **HENNIS, NANCY**
STREET ADDRESS **303 OLD MEADOW WAY**
CITY - ST - ZIP **PALM BEACH GARDENS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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:

Joyce Lapsker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1996 (407) 627-0785
Date Daytime Phone #

CR2E037 (12/95)