

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000004692 (8)

1. Corporation Name

HISTORICAL FOUNDATION OF PALM BEACH COUNTY, INC.



Principal Place of Business

Mailing Address

400 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33401

400 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

10/05/1995

4. FEI Number

65-0631603

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

* BORCHERS, KAREN
400 N. DIXIE HIGHWAY
WEST PALM BEACH FL 33401

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

KAREN BORCHERS
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STAMBAUGH, REGINALD J DR.
STREET ADDRESS 400 NORTH DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ DELETE

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

TITLE D
NAME BROWN, F. TED DR.
STREET ADDRESS 400 NORTH DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ DELETE

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

TITLE SD
NAME BORNSTEIN, MICHAEL
STREET ADDRESS 400 NORTH DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ DELETE

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

TITLE D
NAME CORNING, LAWRENCE
STREET ADDRESS 400 N. DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ DELETE

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

TITLE T
NAME ELHILO, MARK
STREET ADDRESS 400 N. DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME *ELHILO, MARK*
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *[Signature]* 1-29-98

CR2E037 (10/97)