

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
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DOCUMENT # N95000004692 (8)
1. Corporation Name
HISTORICAL FOUNDATION OF PALM BEACH COUNTY, INC.



Principal Place of Business 400 NORTH DIXIE HIGHWAY WEST PALM BEACH FL 33401	Mailing Address 400 NORTH DIXIE HIGHWAY WEST PALM BEACH FL 33401
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3. Date Incorporated or Qualified 10/05/1995	
4. FEI Number 65-0631603	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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* *TREASURER* **1-29-98**
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	PO <input type="checkbox"/> DELETE
NAME	STAMBAUGH, REGINALD J DR.
STREET ADDRESS	400 NORTH DIXIE HIGHWAY
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	D <input type="checkbox"/> DELETE
NAME	BROWN, F. TED DR.
STREET ADDRESS	400 NORTH DIXIE HIGHWAY
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	SD <input type="checkbox"/> DELETE
NAME	BORNSTEIN, MICHAEL
STREET ADDRESS	400 NORTH DIXIE HIGHWAY
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	D <input type="checkbox"/> DELETE
NAME	CORNING, LAWRENCE
STREET ADDRESS	400 N. DIXIE HIGHWAY
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	T <input type="checkbox"/> DELETE
NAME	ELHILO, MARK
STREET ADDRESS	400 N. DIXIE HIGHWAY
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T ELHILO, MARK
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** *[Signature]*

CR2E037 (10/97)