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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000004692

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**



21	2a.	3.
Principal Place of Business	Mailing Address	Date Incorporated or Qualified
22	26	10/05/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
23	27	65-0631603
City & State	City & State	Applied For
24	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
25	29	<input type="checkbox"/> \$8.75 Additional Fee Required
26	30	6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

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 Kristen H. Gaspari
	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 *Kristen H. Gaspari* **Kristen H. Gaspari** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMBAUGH, REGINALD J DR.	1.2 NAME	
STREET ADDRESS	400 NORTH DIXIE HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, F. TED DR.	2.2 NAME	
STREET ADDRESS	400 NORTH DIXIE HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORNSTEIN, MICHAEL	3.2 NAME	
STREET ADDRESS	400 NORTH DIXIE HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNING, LAWRENCE	4.2 NAME	
STREET ADDRESS	400 N. DIXIE HIGHWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELHILOW, MARK	5.2 NAME	
STREET ADDRESS	400 N. DIXIE HIGHWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 1-15-99 561-832-4164
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)