

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90067 040 \*\*\*\*70.00

0010692

**DOCUMENT # N96000004973**

1. Entity Name  
**FRIENDS OF THE WESTERN COMMUNITIES CENTER FOR THE ARTS, INC.**



Principal Place of Business  
**1530 GRANTHAM DR  
WELLINGTON FL 33412**

Mailing Address  
**1530 GRANTHAM DR  
WELLINGTON FL 33412  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0695796** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**ZANGEN, ALAN  
1200 CORPORATE CENTER WAY, #201  
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent  
Name **DICK PALENSCHAT**  
Street Address (P.O. Box Number is Not Acceptable)  
**1530 GRANTHAM DR**  
City **Wellington** FL Zip Code **33414**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dick Palenschat*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD BOYNTON, BENJAMIN G 12797 FOREST HILL BLVD WELLINGTON FL 33414</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PALENSCHAT, DICK 1530 GRANTHAM DRIVE WELLINGTON FL 33414</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD MILLER, MARIA W 12230 FOREST HILL BLVD WELLINGTON FL 33414</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PURCELL, JIM 880 CEDAR COVE DRIVE WELLINGTON FL 33414</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD PICON CELLI, JOSEPH P O BOX 1215 LOXAHATCHEE FL 33470</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEVINSON, MIMI 12024 SUELLEN CIRCLE WELLINGTON FL 33414</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KARYL SILVER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>11881 DONKIN DR WELLINGTON FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. VALERIE MCKINLEY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1530 GRANTHAM DR WELLINGTON FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Dick Palenschat* 8-29-03 561-145-7956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)