

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90083 042 \*\*\*\*61.25

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1. Corporation Name

POETS OF THE PALM BEACHES, INC.

Principal Place of Business

1451 E. LIBBY DR.  
W. PALM BCH FL 33406

Mailing Address

P. O. BOX 1434  
LAKE WORTH FL 33460-1434



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/02/1998

4. FEI Number

65-0856057

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WHITING, PATRICIA  
1451 E. LIBBY DR.  
W. PALM BCH FL 33406

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

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 D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ 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 DP ☐ Change ☒ Addition

1.2 NAME John Palozzi

1.3 STREET ADDRESS PO Box 1434, Lake Worth FL

1.4 CITY-ST-ZIP 33460

2.1 TITLE DV ☐ Change ☒ Addition

2.2 NAME Charles Scheitler

2.3 STREET ADDRESS Same

2.4 CITY-ST-ZIP Same

3.1 TITLE DV ☐ Change ☒ Addition

3.2 NAME John Steinbach

3.3 STREET ADDRESS Same

3.4 CITY-ST-ZIP Same

4.1 TITLE DS ☐ Change ☒ Addition

4.2 NAME Norma Duncan

4.3 STREET ADDRESS Same

4.4 CITY-ST-ZIP Same

5.1 TITLE DT ☐ Change ☒ Addition

5.2 NAME Patricia Whiting

5.3 STREET ADDRESS Same

5.4 CITY-ST-ZIP Same

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, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99 561-655-5766

Date

Daytime Phone #

CR2E037-11/1981

0045742