

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000058570 (0)**

1. Corporation Name  
**PALM BEACH COUNTY COMMUNITY CHAPEL, INC.**



Principal Place of Business: 111 SKOKIE BLVD, WILMETTE IL 60091, US  
Mailing Address: 111 SKOKIE BLVD, WILMETTE IL 60091, US

3. Date Incorporated or Qualified: 08/09/1994  
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business: 21 22 23 24  
2a. Mailing Address: 26 27 28 29 30  
4126 NORLAND AVENUE, BURNABY, B.C., CANADA

4. FEI Number: 36-3970983  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [ ] No [x]

9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name: C  
82 Street Address (P.O. Box Number is Not Acceptable): 800001794748  
83 City: -04725796--01071--021  
84 City: \*\*\*200.00  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD WEINSTEIN, JOEL W.	1.1 TITLE	C
NAME	111 SKOKIE BLVD.	1.2 NAME	Change [x] Addition [ ]
STREET ADDRESS	WILMETTE IL	1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	ZIP = 60091
TITLE	PSD CUTLER, NORMAN	2.1 TITLE	D CEO
NAME	111 SKOKIE BLVD.	2.2 NAME	Change [x] Addition [ ]
STREET ADDRESS	WILMETTE IL	2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	ZIP = 60091
TITLE	VD GROSSBERG, ARTHUR J.	3.1 TITLE	V
NAME	3201 NORTH 72ND AVE	3.2 NAME	Change [x] Addition [ ]
STREET ADDRESS	HOLLYWOOD FL	3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	ZIP = 33024
TITLE	V DOMBROWSKI, DANIEL	4.1 TITLE	D
NAME	111 SKOKIE BLVD.	4.2 NAME	Change [ ] Addition [x]
STREET ADDRESS	WILMETTE IL	4.3 STREET ADDRESS	LOEWEN, RAYMOND L.
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	4126 NORLAND AVENUE
TITLE	AS MCLANEY, MELISSA L.	5.1 TITLE	DAS
NAME	111 SKOKIE BLVD.	5.2 NAME	Change [ ] Addition [x]
STREET ADDRESS	WILMETTE IL	5.3 STREET ADDRESS	HYNDMAN, PETER S.
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	4126 NORLAND AVENUE
TITLE	AS COHN, MARVIN	6.1 TITLE	ST
NAME	55 EAST MONROE STREET	6.2 NAME	Change [ ] Addition [x]
STREET ADDRESS	CHICAGO IL	6.3 STREET ADDRESS	WRIGHT, GARY L.
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	800-50 EAST RIVERCENTER BLVD.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change or deletion of an officer or director is an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: PETER S. HYNDMAN MARCH 22, 1996 (604) 299-9321

CR2E034 (12/95)

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PROFIT CORPORATION ANNUAL REPORT  
PALM BEACH COUNTY COMMUNITY CHAPEL, INC.

13. CONTINUED: ADDITION

- 7.1 TITLE: V
- 7.2 NAME: WEINSTEIN, MARK
- 7.3 STREET ADDRESS: 111 SKOKIE BOULEVARD
- 7.4 CITY-ST-ZIP: WILMETTE, IL 60091
  
- 8.1 TITLE: P
- 8.2 NAME: WEINSTEIN, ROBERT A.
- 8.3 STREET ADDRESS: 355 W. DUNDEE ROAD, #202
- 8.4 CITY-ST-ZIP: BUFFALO GROVE, IL 600893545
  
- 9.1 TITLE: AS
- 9.2 NAME: BIRCH, TIMOTHY A.
- 9.3 STREET ADDRESS: 50 EAST RIVERCENTER BLVD.
- 9.4 CITY-ST-ZIP: COVINGTON, KY 41011