

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 29 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000058570 (0)**  
 1. Corporation Name  
**PALM BEACH COUNTY COMMUNITY CHAPEL, INC.**



Principal Place of Business <b>111 SKOKIE BLVD                  WILMETTE IL 60091                  US</b>	Mailing Address <b>4126 NORLAND AVE.                  BURNABY BC., CANADA V5G 3S8</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/09/1994</b>	3a. Date of Last Report <b>04/25/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>36-3970983</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b> 85. Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINSTEIN, JOEL W.</b>	1.2 NAME	
STREET ADDRESS	<b>111 SKOKIE BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILMETTE IL 60091</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DCEO</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUTLER, NORMAN</b>	2.2 NAME	
STREET ADDRESS	<b>111 SKOKIE BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILMETTE IL 60091</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GROSSBERG, ARTHUR J.</b>	3.2 NAME	
STREET ADDRESS	<b>3201 NORTH 72ND AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33024</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOEWEN, RAYMOND L.</b>	4.2 NAME	
STREET ADDRESS	<b>4126 NORLAND AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURNABY BC., CANADA V5G 3S8</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DAS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HYNDMAN, PETER S.</b>	5.2 NAME	
STREET ADDRESS	<b>4126 NORLAND AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURNABY BC., CANADA V5G 3S8</b>	5.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WRIFGT, GARY L.</b>	6.2 NAME	
STREET ADDRESS	<b>800-50 E. RIVERCENTER BLVD.</b>	6.3 STREET ADDRESS	<b>ST Rollings, Gregory K.</b>
CITY-ST-ZIP	<b>COVINGTON KY 41011</b>	6.4 CITY-ST-ZIP	<b>681 North Avenue Jonesboro, GA 30236</b>

14. I do 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 of 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 its 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 changed. I am attaching an attachment with an address.

CR2E034 (9/96)