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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 765650 (7)

**1. Corporation Name
TREASURE COAST HEALTH COUNCIL, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
8895 N. MILITARY TRAIL, STE 300 8895 N. MILITARY TRAIL, STE 300
300E PALM BEACH GARDENS FL 33410-3263 PALM BEACH GARDENS FL 33410-3263
US

3. Date Incorporated or Qualified 11/03/1982	3a. Date of Last Report 02/09/1994
4. FEI Number 59-2242689	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**HOOVEN, HERBERT J.
1400-D VISION DR.
PALM BEACH GARDENS FL 33418**

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 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEISE, JILL O
STREET ADDRESS	525 SW BUSNELL AVE
CITY-ST-ZIP	PT ST LUCIE FL
TITLE	TD
NAME	DEUTCH, SUZANNE
STREET ADDRESS	4550 N.W. 24TH TERRACE
CITY-ST-ZIP	BOCA RATON FL
TITLE	CD
NAME	WILLIAMSON, FAYE A.
STREET ADDRESS	2808 S. PARROTT AVE
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	D
NAME	W488, TRUDI
STREET ADDRESS	1531 W PALMETTO PARK BLVD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	VCD
NAME	PLOCKELMAN, CYNTHIA
STREET ADDRESS	311 FRANKLIN RD
CITY-ST-ZIP	W PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARNIE R. PONEY	
1.3 STREET ADDRESS	317 76TH ST.	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	W488	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Faye A. Williamson **1-26-95** **P13-467-4440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Daytime Phone #)
FAYE A. WILLIAMSON