

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 765650 (7)
1. Corporation Name
TREASURE COAST HEALTH COUNCIL, INC.



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

3. Date Incorporated or Qualified: **11/03/1982**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business: **21 6651 CORPORATE WAY** ← 2a. Mailing Address: **SAME**
Suite, Apt. #, etc.: **4** Suite, Apt. #, etc.:
City & State: **23 WEST PALM BEACH, FL** City & State:
Zip: **24 33407-2001** Country: **25 US** Zip: Country:
4. FEI Number: **59-2242689** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONCY, MARNIE R	1.2 NAME	
STREET ADDRESS	317 TENTH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEUTCH, SUZANNE	2.2 NAME	
STREET ADDRESS	4550 N.W. 24TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, FAYE A.	3.2 NAME	FAYE A. HAVERLOCK
STREET ADDRESS	2808 S. PARROTT AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, TRUDI	4.2 NAME	
STREET ADDRESS	1531 W PALMETTO PARK BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLOCKELMAN, CYNTHIA	5.2 NAME	
STREET ADDRESS	311 FRANKLIN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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. Haverlock* **FAYE A. HAVERLOCK** Date: **2/1/96** Daytime Phone #: **407-681-6256**

CR2E037 (12/95)