

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:03

DOCUMENT # **751701** (4)  
1. Corporation Name  
**THE PALM BEACH COUNTY PERSONNEL ASSOCIATION, INC**

Principal Place of Business Mailing Address  
BOX 17016 BOX 17016  
W PALM BEACH FL 33416-4016 W PALM BEACH FL 33416-4016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/25/1980</b>		3a. Date of Last Report <b>03/07/1994</b>	
4. FEI Number <b>52-1351992</b>		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 intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHRISTIE, MONA 4431 EMBARCADERE DR W PALM BEACH FL 33407				81 Name	KRISTINA F. STEFFER		
				82 Street Address (P.O. Box Number is Not Acceptable)	11283 161ST STREET NORTH		
				83			
				84 City	JUPITER	85 Zip Code	FL 33478

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: Kristina F. Steffer; KRISTINA F. STEFFER; PRESIDENT 3/20/95  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIE, MONA	1.2 NAME	KRISTINA F. STEFFER
STREET ADDRESS	4431 EMBARCADERO DR	1.3 STREET ADDRESS	11283 161ST STREET NORTH
CITY - ST - ZIP	W PALM BEACH FL 33407	1.4 CITY - ST - ZIP	JUPITER, FL 33478
TITLE	VD	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFFER, KRISTINA	2.2 NAME	DEBRA LASTER
STREET ADDRESS	1555 PALM BEACH LAKES BLVD, #110	2.3 STREET ADDRESS	7501 N. JOG ROAD
CITY - ST - ZIP	W PALM BEACH FL 33401	2.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33412
TITLE	SD	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASTER, DEBRA	3.2 NAME	SYLVIA GREENE
STREET ADDRESS	7501 N JOG RD	3.3 STREET ADDRESS	200 W. PALMETTO PARK RD., STE. 306
CITY - ST - ZIP	W PALM BEACH FL 33412	3.4 CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	TD	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, GAIL	4.2 NAME	STEVE SHANNON
STREET ADDRESS	7700 W CAMINO REAL	4.3 STREET ADDRESS	2255 GLADES RD., STE. 324A
CITY - ST - ZIP	BOCA RATON FL 33433	4.4 CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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)(4), Florida Statute. 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: Kristina F. Steffer KRISTINA F. STEFFER 3/20/95 407-746-3137  
Signature and typed or printed name of signing officer or director Date (uptime if over 2)