


FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1996 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 751701 (4) | | | |
| 1. Corporation Name THE PALM BEACH COUNTY PERSONNEL ASSOCIATION, INC. 12-6-95 HUMAN RESOURCE MANAGEMENT ASSOCIATION OF PALM BEACH COUNTY, INC. | | | |
| Principal Place of Business BOX 17016 W PALM BEACH FL 33416-4016 | | Mailing Address BOX 17016 W PALM BEACH FL 33416-4016 | |



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|---|--|---|--|--|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country | | 3. Date Incorporated or Qualified 03/25/1980 | | 3a. Date of Last Report 05/01/1995 | |
| 4. FEI Number 52-1351992 | | 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 | | 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 STEFFNER, KRISTINA F 11283 161ST ST NORTH JUPITER FL 33478 | | | | 10. Name and Address of New Registered Agent 81 Name Deborah Laster 82 Street Address (P.O. Box Number is Not Acceptable) 7501 N. Jog Rd. 83 City West Palm Beach FL 85 Zip Code 33412 | | | |

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE *Kathryn Schmidt* *President* *Vice President* *3/21/96*
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEFFNER, KRISTINA F | 1.2 NAME | |
| STREET ADDRESS | 11283 161ST ST NORTH | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LASTER, DEBORAH | 2.2 NAME | |
| STREET ADDRESS | 7501 N JOG RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREENE, SYLVIA | 3.2 NAME | |
| STREET ADDRESS | 200 W PALMETTO PARK RD STE 306 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHANNON, STEVE | 4.2 NAME | |
| STREET ADDRESS | 2255 GLADES RD STE 324 A | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 4.4 CITY-ST-ZIP | |
| TITLE | VP | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Kathy Schmidt | 5.2 NAME | |
| STREET ADDRESS | 401 E. Linton Blvd. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | Delray Beach, FL 33483 | 5.4 CITY-ST-ZIP | |
| TITLE | SD | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | James Dyak | 6.2 NAME | |
| STREET ADDRESS | One Harvard Circle | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | West Palm Beach, FL 33409 | 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: *Deborah Laster* *1/3/96* *407-640-4000*
(Signature typed or printed name of signing officer or director) Date Daytime Phone #

CR2E037 (12/95)