

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 765650 (7)

1. Corporation Name

TREASURE COAST HEALTH COUNCIL, INC.



Principal Place of Business

Mailing Address

8895 N. MILITARY TRAIL. STE 300
300-E
PALM BEACH GARDENS FL 33410-3263
US

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

2a. Mailing Address

21 6651 CORPORATE WAY ← 20 SAME

4. FEI Number
59-2242689

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4

27

City & State

City & State

23 WEST PALM BEACH, FL

28

Zip

Country

Zip

Country

24 33407-2001

25 US

29

30

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PONCY, MARNIE R
STREET ADDRESS 317 TENTH ST.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE TD ☒ DELETE
NAME DEUTCH, SUZANNE
STREET ADDRESS 4550 N.W. 24TH TERRACE
CITY-ST-ZIP BOCA RATON FL

TITLE CD ☐ DELETE
NAME WILLIAMSON, FAYE A.
STREET ADDRESS 2808 S. PARROTT AVE
CITY-ST-ZIP OKEECHOBEE FL

TITLE D ☐ DELETE
NAME WEBB, TRUDI
STREET ADDRESS 1531 W PALMETTO PARK BLVD.
CITY-ST-ZIP BOCA RATON FL

TITLE VCD ☐ DELETE
NAME PLOCKELMAN, CYNTHIA
STREET ADDRESS 311 FRANKLIN RD
CITY-ST-ZIP W PALM BCH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FAYE A. HAVERLOCK

2/1/96

Date

407-681-6256

Daytime Phone #

CR2E037 (12/95)