

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005358 (7)**

1. Corporation Name
GOVERNOR'S COUNCIL OF PALM BEACH COUNTY ON PUBLIC/PRIVATE PARTNERSHIPS, INC.

Principal Place of Business Mailing Address
**PALM BEACH COUNTY PUBLIC HEALTH UNIT
BOX 29, 826 EVERNIA STREET
WEST PALM BEACH FL 33402**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/19/1993	3a. Date of Last Report 04/18/1994
4. FEI Number 65-0449910	Applied For <input type="checkbox"/> 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 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
**TAYLOR, PATRICIA I
LAW OFFICES OF GLEN J. TORCIVIA, P.A.
250 AUSTRALIAN AVENUE SOUTH STE. 1504
WEST PALM BEACH FL 33401-NNNN**

10. Name and Address of New Registered Agent
81 Name
TAYLOR, PATRICIA I.
82 Street Address (P.O. Box Number is Not Acceptable)
STEWART, WAXLER AND SMITH, P.A.
83
73 S. W. FLAGLER AVENUE
84 City
STUART 85 Zip Code
FL 33994

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, FREDRICK R. ONE TOWN CENTER ROAD BOCA RATON FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	P SMITH, HARRY L. 7108 FAIRWAY DRIVE, ST. 235 PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TROCCOLO, CAROLYN 6560 E. ROGERS CIRCLE BOCA RATON FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOYAR, FRANKLIN 715 NE THIRD AVE. DELRAY BEACH FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	VP "D" SORGE, MARY 625 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WALTERS, ROSS ONE EAST BROWARD, 4TH FLOOR FT. LAUDERDALE FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	S "D" BRUNO, CAROL 800 MEADOWS BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOLCOMB, JACK 8109 DATURA STREET WEST PALM BEACH FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	T "D" HOLCOMB, JACK 810 DATURA STREET WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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: *Harry L. Smith* **HARRY L. SMITH** 407-626-0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in three 1)