

**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 # **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	PALM BEACH COUNTY PUBLIC HEALTH UNIT BOX 29, 826 EVERNIA STREET WEST PALM BEACH FL 33402

3. Date Incorporated or Qualified <b>11/19/1993</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>65-0449910</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

TAYLOR, PATRICIA I  
STEWART, WAXLER AND SMITH, P.A.  
73 S.W. FLAGLER AVENUE  
STUART FL 33994

81 Name <b>Coleman-Miller, Victoria A.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>HRS District IX Legal</b>
83 <b>111 S. Sapodilla Avenue</b>
84 City <b>West Palm Beach</b>
85 Zip Code <b>FL 33401</b>

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 *Victoria Coleman-Miller* **Victoria Coleman-Miller**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

**4/18/96**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SMITH, HARRY L</b> <b>7108 FAIRWAY DRIVE, STE. 235</b> <b>PALM BEACH GARDENS FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TROCCOLO, CAROLYN</b> <b>6560 E. ROGERS CIRCLE</b> <b>BOCA RATON FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>SORGE, MARY</b> <b>625 NORTH FLAGLER DRIVE</b> <b>WEST PALM BEACH FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BRUNO, CAROL</b> <b>800 MEADOWS</b> <b>BOCA RATON FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Gildan, Dr. Kate/PBC School Board</b> <b>3340 Forest Hill Blvd.</b> <b>West Palm Beach, FL 33406</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HOLCOMB, JACK</b> <b>810 DATURA STREET</b> <b>WEST PALM BEACH FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <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 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: *Harry L. Smith* **Harry L. Smith** **4/18/96** **407-367-3968**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)