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Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000005358 (7)

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



Principal Place of Business: PALM BEACH COUNTY PUBLIC HEALTH UNIT, BOX 29, 826 EVERNIA STREET, WEST PALM BEACH FL 33402  
Mailing Address: PALM BEACH COUNTY PUBLIC HEALTH UNIT, BOX 29, 826 EVERNIA STREET, WEST PALM BEACH FL 33402-0029

3. Date Incorporated or Qualified: 11/19/1993  
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

4. FEI Number: 65-0449910  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: COLEMAN-MILLER, VICTORIA, HRS DISTRICT IX LEGAL, 111 S. SAPODILLA AVENUE, WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent (81-84): Victoria A. Coleman-Miller, Esq., Palm Beach County Health Department, 826 Evernia Street, West Palm Beach, FL 33401

11. Pursuant to the provisions of Sections 617.05(1) and 617.15(8), 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 617.03, Florida Statutes.

SIGNATURE: Victoria Coleman-Miller, Esq. 8/12/97

12. OFFICERS AND DIRECTORS

TITLE	P	SMITH, HARRY L	7108 FAIRWAY DRIVE, STE. 235	PALM BEACH GARDENS FL	<input type="checkbox"/> DELETE
TITLE	VP	TROCCOLO, CAROLYN	6560 E. ROGERS CIRCLE	BOCA RATON FL	<input type="checkbox"/> DELETE
TITLE	VPD	SORGE, MARY	625 NORTH FLAGLER DRIVE	WEST PALM BEACH FL	<input type="checkbox"/> DELETE
TITLE	SD	GILDAN, DR. KATE	3340 FOREST HILL BLVD	WEST PALM BEACH FL	<input type="checkbox"/> DELETE
TITLE	TD	HOLCOMB, JACK	810 DATURA STREET	WEST PALM BEACH FL	<input type="checkbox"/> DELETE
TITLE					<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, 561-267-2000

CR2E037 (9/96)