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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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.



2. Principal Place of Business PALM BEACH COUNTY PUBLIC HEALTH UNIT BOX 29, 826 EVERNIA STREET WEST PALM BEACH FL 33402		2a. Mailing Address PALM BEACH COUNTY PUBLIC HEALTH UNIT BOX 29, 826 EVERNIA STREET WEST PALM BEACH FL 33402		3. Date Incorporated or Qualified 11/19/1993	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 03-0449910	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		30. Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLEMAN-MILLER, VICTORIA PALM BCH COUNTY HEALTH DEPT. 826 EVERNIA ST. WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent			
81. Name Victoria A. Coleman-Miller, Esq.				82. Street Address (P.O. Box Number is Not Acceptable) Palm Beach County Health Department			
83. 826 Evernia Street				84. City West Palm Beach			
				85. FL		86. Zip Code 33401	

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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, Esq. 2/18/98
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 P	SMITH, HARRY L 7108 FAIRWAY DRIVE, STE. 235 PALM BEACH GARDENS FL	1.1 TITLE P	Banks, Lynn PO Box 3515 (N/A) W. Palm Beach, FL 33402
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VP	TROCCOLO, CAROLYN 6560 E. ROGERS CIRCLE BOCA RATON FL	2.1 TITLE VP	Armstrong, Ron 3300 Forest Hill Blvd. W. Palm Beach, FL 33406
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE VPD	SORGE, MARY 625 NORTH FLAGLER DRIVE WEST PALM BEACH FL	3.1 TITLE D	Smith, Harry L. 7108 Fairway Drive, STE.235 Palm Beach Gardens, FL
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE SD	GILDAN, DR. KATE 3340 FOREST HILL BLVD WEST PALM BEACH FL	4.1 TITLE D	Dr. Kate Gildan 3340 Forest Hill Blvd. West Palm Beach, FL
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE TD	HOLCOMB, JACK 810 DATURA STREET WEST PALM BEACH FL	5.1 TITLE TD	McCarthy, Pat 5352 Linton Blvd. Delray Beach, FL 33484
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 a 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: *Lynn Banks* Lynn Banks 2/13/98 561-650-2463

CR2E037 (10/97)