

**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 # N94000003390 (1)**

1. Corporation Name  
**MID-COUNTY TRANSPORTATION PLANNING COALITION, INC.**



Principal Place of Business: 2000 PALM BEACH LAKES BLVD., STE. 900 WEST PALM BEACH FL 33409  
Mailing Address: 2000 PALM BEACH LAKES BLVD., STE. 900 WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified: 07/06/1994  
3a. Date of Last Report: 05/01/1995

|    |                                |    |                     |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc.            | 27 | Suite, Apt. #, etc. |
| 23 | City & State                   | 28 | City & State        |
| 24 | Zip                            | 29 | Zip                 |
| 25 | Country                        | 30 | Country             |

|   |  |
|---|--|
| 4. FEI Number   | Applied For  |
| <b>APPLIED FOR 65-0637357</b>   | 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     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent  
**DIFFENDERFER, ROBERT P  
2000 PALM BEACH LAKES BLVD., STE. 900  
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | PD<br>WALSEY, CHARLES C         | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 18230 70TH RD NORTH             | 1.2 NAME  |   |
| STREET ADDRESS             | LOXAHATCHEE FL 33470            | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD<br>POYNER, ROBERT L JR       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 7501 CAROL ST                   | 2.2 NAME  |   |
| STREET ADDRESS             | LOXAHATCHEE FL 33470            | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | STD<br>WALKER, DONALD C         | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 8895 N. MILITARY TRAIL, BLDG. C | 3.2 NAME  |   |
| STREET ADDRESS             | PALMBEACH GARDENS FL 33410      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | AS<br>SINGER, FREDERICK E       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 2935 SW BRIGHTON WAY            | 4.2 NAME  |   |
| STREET ADDRESS             | PALM CITY FL 34990              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D<br>SMIEGEL, GARY              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 7965 LANTANA RD                 | 5.2 NAME  |   |
| STREET ADDRESS             | LAKE WORTH FL 33467             | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D<br>BONDE, JOHN W              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 13476 61ST STREET NORTH         | 6.2 NAME  |   |
| STREET ADDRESS             | WEST PALM BEACH FL 33412-1915   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 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: Donald C. Walker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 627-7676  
3/20/96  
Date Daytime Phone #  
SBC/TKBA

CR2E037 (12/95)