

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000003390 (1)**

1. Corporation Name

**MID-COUNTY TRANSPORTATION PLANNING COALITION, INC.**



Principal Place of Business <b>2000 PALM BEACH LAKES BLVD., STE. 900 WEST PALM BEACH FL 33409</b>	Mailing Address <b>2000 PALM BEACH LAKES BLVD., STE. 900 WEST PALM BEACH FL 33409-6506</b>
--	---

3. Date Incorporated or Qualified <b>07/06/1994</b>	3a. Date of Last Report <b>03/26/1996</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>65-0637357</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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

10. Name and Address of New Registered Agent

**DIFFENDERFER, ROBERT P**  
**2000 PALM BEACH LAKES BLVD., STE. 900**  
**WEST PALM BEACH FL 33409**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>1700 Palm Beach Lakes Blvd., Suite 1000</b>
83	
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

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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALSEY, CHARLES C</b>	1.2 NAME	
STREET ADDRESS	<b>18230 70TH RD NORTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOXAHATCHEE FL 33470</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POYNER, ROBERT L JR</b>	2.2 NAME	
STREET ADDRESS	<b>7501 CAROL ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOXAHATCHEE FL 33470</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, DONALD C</b>	3.2 NAME	
STREET ADDRESS	<b>8895 N. MILITARY TRAIL, BLDG. C</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALMBEACH GARDENS FL 33410</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINGER, FREDERICK E</b>	4.2 NAME	
STREET ADDRESS	<b>2935 SW BRIGHTON WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMIEGEL, GARY</b>	5.2 NAME	
STREET ADDRESS	<b>7985 LANTANA RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BONDE, JOHN W</b>	6.2 NAME	
STREET ADDRESS	<b>13476 61ST STREET NORTH</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33412-1915</b>	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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 13 1997* (561) 640-0820  
Date Daytime Phone # 0040809

CR2E037 (9/96)