


FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764235 (8)**

1. Corporation Name  
**THE CHILD ADVOCACY BOARD OF PALM BEACH COUNTY, INC.**



Principal Place of Business <b>810 DATURA STREET FIRST FLOOR WEST PALM BEACH FL 33401</b>	Mailing Address <b>810 DATURA STREET FIRST FLOOR WEST PALM BEACH FL 33401</b>
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3. Date Incorporated or Qualified <b>07/21/1982</b>	
4. FEI Number <b>59-6000785</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**TOWNS, SHIRLEY A  
810 DATURA STREET  
FIRST FLOOR  
W. PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name <b>MARILYN BRASMAN</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>810 DATURA ST.</b>	
83	
84 City <b>West Palm Beach FL</b>	85 Zip Code <b>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 *X* Marilyn Brasman DATE 2/26/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WESLEY, ELIZABETH J	
STREET ADDRESS	3310 FOREST HILL BLVD., C-223	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRAY, IRENE	
STREET ADDRESS	12900 SOUTH SHORE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TOWNS, SHIRLEY A.	
STREET ADDRESS	810 DATURA STREET	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DANIEL ALONSO	
1.3 STREET ADDRESS	3374 FOREST HILL BLVD., C-210	
1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33406	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARILYN BRASMAN	
3.3 STREET ADDRESS	810 DATURA ST.	
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
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 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: *X* Daniel Alonso DATE 2/26/98 (561) 434-8852

CF2E037 (10/97)