

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90065 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764235

1. Corporation Name

THE CHILD ADVOCACY BOARD OF PALM BEACH COUNTY, INC.

Principal Place of Business

810 DATURA STREET
 FIRST FLOOR
 WEST PALM BEACH FL 33401

Mailing Address

810 DATURA STREET
 FIRST FLOOR
 WEST PALM BEACH FL 33401



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
					07/21/1982	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number	Applied For
					59-6000785	Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
24	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
BRAFMAN, MARILYN 810 DATURA ST FIRST FLOOR W. PALM BEACH FL 33401				81	Name			CYNTHIA C. BECK		
				82	Street Address (P.O. Box Number is Not Acceptable)			810 DATURA ST.		
				83	City			West Palm Beach		
				84	City	FL	85	Zip Code	33401	

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 Cynthia C. Beck CYNTHIA C. Beck 4/23/99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALFONSO, DANIEL			1.2 NAME			
STREET ADDRESS	3374 FOREST HILL BLVD, C-210			1.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BCH. FL 33406			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAY, IRENE			2.2 NAME	IRENE GRAY		
STREET ADDRESS	12900 SOUTH SHORE DRIVE			2.3 STREET ADDRESS	12900 South Shord DR.		
CITY-ST-ZIP	PALM BEACH GARDENS FL			2.4 CITY-ST-ZIP	Palm Beach Gardens FL		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRAFMAN, MARILYN			3.2 NAME	Sally Schmidt		
STREET ADDRESS	810 DATURA ST			3.3 STREET ADDRESS	423 Fern Street # 220		
CITY-ST-ZIP	W. PALM BEACH FL 33401			3.4 CITY-ST-ZIP	West Palm Beach, FL 33401		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Cynthia Beck		
STREET ADDRESS				4.3 STREET ADDRESS	2311 10th Ave. North # 9		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	LAKE WORTH, FL 33461		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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, with all other like empowered.

SIGNATURE: Cynthia C. Beck **SIGNATURE REQUIRED** 3/23/99 (561) 586-4996
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2037 (1/98)