

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005349 (6)**

1. Corporation Name

THE PALM BEACH CENTER FOR LIVING, INC.

Principal Place of Business

Mailing Address

378-1 PRESTWICK CR.
PALM BEACH GARDENS FL 33418

378-1 PRESTWICK CR.
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/19/1993** 3a. Date of Last Report **04/25/1994**

4. FEI Number **65-0451002** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **321 NORTHLAKE BOULEVARD**

26 **321 NORTHLAKE BOULEVARD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 103-105**

27 **SUITE 103-105**

City & State

City & State

23 **NORTH PALM BEACH, FL.**

28 **NORTH PALM BEACH, FL.**

Zip

Country

Zip

Country

24 **33408**

25 **U.S.A.**

29 **33408**

30 **U.S.A.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.037 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGINNIS, CHARLOTTE
378-1 PRESTWICK CR.
PALM BEACH GARDENS FL 33418

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE *Charlotte McGinnis* *Charlotte McGinnis* *4/8/95*
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MCGINNIS, CHARLOTTE
STREET ADDRESS	378-1 PRESTWICK CR.
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418
TITLE	D
NAME	MAYER, EARL E JR
STREET ADDRESS	5892 EAGLES NEST DR.
CITY - ST - ZIP	JUPITER FL 33477
TITLE	D
NAME	SHERMAN, SCOTT
STREET ADDRESS	1957 S. FLAGLER DR.
CITY - ST - ZIP	WEST PALM BEACH FL 33401
TITLE	D
NAME	BARNETT, RUTH
STREET ADDRESS	600 AVENUE OF THE CHAMPIONS
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418
TITLE	D
NAME	PARSONS, JOSEPH
STREET ADDRESS	5295 TOWN CNTR RD S101
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	LARKIE, JO
STREET ADDRESS	215 MONCEAUX RD
CITY - ST - ZIP	W PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D/E <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	NO LONGER ON BOARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	NO LONGER ON BOARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	PARSONS, JOSEPH
53 STREET ADDRESS	6093 OLO COURT ROAD, SUITE 241
54 CITY - ST - ZIP	BOCA RATON, FLORIDA 33413
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 of this report or on an attachment with an address.

SIGNATURE: *Charlotte McGinnis* *Charlotte E. McGinnis* *4/8/95* *407-659-9750*
(Signature, typed or printed name of signing officer or director) (Date) (Telephone #)