2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # 764235

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

Principal Place of Business	Mailing Address
810 DATURA STREET FIRST FLOOR WEST PALM BEACH, FL 33401	810 DATURA STREET FIRST FLOOR WEST PALM BEACH, FL 33401

01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MUNIZ, JAQUELINE
1919 N FLAGLER
WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SILVERMAN, VALARIE
STREET ADDRESS	7710 S FLAGLER
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	VD
NAME	BERGER, TOBY
STREET ADDRESS	1515 PALM BCH LAKES BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	SD
NAME	MUNIZ, JAQUELINE
STREET ADDRESS	1919 N FLAGLER
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000024118
02/02/04-80052-014 61.25

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/28/2004 561-655-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAQUELINE MUNIZ