

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90221 031 ****70.00

DOCUMENT # 713689

1. Entity Name

PALM BEACH HABILITATION CENTER, INC.



Principal Place of Business

**4522 SOUTH CONGRESS AVENUE
4522 CONGRESS AVE.
LAKE WORTH FL 33461**

Mailing Address

**4522 SOUTH CONGRESS AVENUE
4522 CONGRESS AVE.
LAKE WORTH FL 33461**

70005568

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6213381**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLFF, BABETTE
2500 S OCEAN BLVD #3-3C
PALM BCH FL 33480**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	S	WILLIAMS, JOHNNY	1525 6TH STR W PALM BCH FL				
	CD	WOLFF, BABETTE	2500 S. OCEAN BLVD. #3-3C PALM BEACH FL				
	VCD	MILLER, BEVERLEE	9125 DUNDEE DRIVE LAKE WORTH FL				
	TD	FLAMM, ALEC	2000 S. OCEAN BLVD. #305N PALM BEACH FL 33480				
	VCD	MOORE, E. EARL	1510 MENORCA COVET WELLINGTON FL 33414				
	P	PHILIPS, TINA	323 LIVE OAK LANE BOYNTON BCH FL				

CR2E037 (10/02)

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 another like empowered.

SIGNATURE: *SIGNATURE REQUIRED Tina Philips, President/CEO (561) 965-8500*