

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003901

FILED
Apr 08, 2020
Secretary of State
7728998172CC

Entity Name: CENTER FOR CHILD COUNSELING, INC.

Current Principal Place of Business:

8895 N. MILITARY TRAIL
SUITE 300C
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

8895 N. MILITARY TRAIL
SUITE 300C
PALM BEACH GARDENS, FL 33410 US

FEI Number: 65-0932032

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAYMAN, RENEE
8895 N. MILITARY TRAIL
SUITE 300C
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DC
Name LYNCH, BILL
Address 8970 CYPRESS GROVE LANE
City-State-Zip: WEST PALM BEACH FL 33411

Title DV
Name MILLENDER, EUGENIA
Address 5205 GREENWOOD AVE #110
City-State-Zip: W. PALM BEACH FL 33407

Title CEO
Name LAYMAN, RENEE E
Address 8895 N. MILITARY TRAIL
SUITE 300C
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DS, DT
Name PETRONE, JEFFREY
Address 1400 CENTREPARK BLVD.
SUITE
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name STEPHENS, EDDIE
Address 4420 BEACON CIRCLE
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name RODRIGUEZ, JENNIFER
Address 1555 PALM BEACH LAKES BLVD.
SUITE 110
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name MORRIS, MADELINE
Address 800 OCEAN DRIVE, SUITE 601
City-State-Zip: JUNO BEACH FL 33408

Title DIRECTOR
Name KONSKER, JENNIFER
Address 4075 STATE RD 7 STE H1
City-State-Zip: WELLINGTON FL 33449

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RENEE LAYMAN

CEO

04/08/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SHARMIN, BROOKE
Address 830 N. FEDERAL HWY.
City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR
Name MINTMIRE, PATSY
Address 220 SUNRISE AVE
 206
City-State-Zip: PALM BEACH FL 33480