

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003901

FILED
Feb 06, 2024
Secretary of State
1213331124CC

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: Yes

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 DIRECTOR
Name LYNCH, BILL
Address 9135 ISABELLA CIR.
City-State-Zip: PARRISH FL 34219

Title CHAIRMAN
Name MILLENDER, EUGENIA
Address 4177 ONEGA CIR.
City-State-Zip: W. PALM BEACH FL 33409

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 VC
Name STEPHENS, EDDIE
Address 400 COLUMBIA DR.
SUITE 111
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR
Name RODRIGUEZ, JENNIFER
Address 4506 PGA BLVD.
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR
Name MORRIS, MADELINE
Address 100 LAKESHORE DR.
APT 1253
City-State-Zip: NORTH PALM BEACH FL 33408

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

Continues on page 2

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

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HUGHES, BAILEY
Address 4371 LAKE LUCERNE CIR.
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR
Name LINZNER, BETH
Address 1475 WEST CYPRESS CREEK RD
STE 202
City-State-Zip: FT. LAUDERDALE FL 33409

Title DIRECTOR
Name HALEY, MELISSA
Address 450 N. FEDERAL HWY.
PH12
City-State-Zip: BOYNTON BEACH FL 33435