FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 AM 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **704785** **(5)**

1. Corporation Name

THE CENTER FOR FAMILY SERVICES OF PALM BEACH COU NTY, INC.

Principal Place of Business	Mailing Address
2405 MERCER AVE. STE #10 W PALM BCH FL 33401	2405 MERCER AVE. STE #10 W PALM BCH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1962
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-1084179 ☐ Applied For ☐ Not Applicable
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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REED, R EDWIN, JR
2331 NORTH WALLEN DRIVE
LAKE PARK FL 33410

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HAWKINS, LYNN	1.2 NAME		
STREET ADDRESS	625 NO FLAGLER DR, 9TH FLOOR	1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE	D P	☒ Change ☐ Addition
NAME	RICCA, C B	2.2 NAME		
STREET ADDRESS	PO DRAWER 4888 NA	2.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP		
TITLE	DT	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHOFIELD, WILLIAM	3.2 NAME		
STREET ADDRESS	13146 LA MARADA CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	REED, EDWIN	4.2 NAME		
STREET ADDRESS	2331 N. WALLEN DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL 33410	4.4 CITY-ST-ZIP		
TITLE	DS	5.1 TITLE		☐ Change ☐ Addition
NAME	BOWMAN, DARI	5.2 NAME		
STREET ADDRESS	19199 PINE TREE DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	DV	☐ Change ☒ Addition
NAME		6.2 NAME	HAISEY SMITH	
STREET ADDRESS		6.3 STREET ADDRESS	2405 MERCER AVE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

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 119.07(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 hereof, or on an attachment with an address.

SIGNATURE: R Edwin Reed Jr. EDWIN R. REED, JR. 3/28/95 407 655-6247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

600107A7