

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 704785 (5)
1. Corporation Name
THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, 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**

3. Date Incorporated or Qualified **11/09/1962** 3a. Date of Last Report **04/06/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
24 Zip 25 Country 29 Zip 30 Country

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.
SIGNATURE *R. Edwin Reed, Jr.* **R. Edwin Reed, Jr. Executive Director** **1/25/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWKINS, LYNN	1.2 NAME	AN Anne E. Cantwell
STREET ADDRESS	625 NO FLAGLER DR, 9TH FLOOR	1.3 STREET ADDRESS	625 N. Flagler Dr. Suite 10
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOFIELD, WILLIAM	3.2 NAME	
STREET ADDRESS	13146 LA MARADA CIRCLE	3.3 STREET ADDRESS	200001794392
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	-04/25/96--01033--023
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	DS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWMAN, DARI	5.2 NAME	James A. Mallamo
STREET ADDRESS	19198 PINE TREE DR	5.3 STREET ADDRESS	622 N. Flagler Dr.
CITY-ST-ZIP	TEQUESTA FL	5.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HALSEY	6.2 NAME	
STREET ADDRESS	2405 MERCER AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	6.4 CITY-ST-ZIP	

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. 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 if changed, or on an attachment with an address.
SIGNATURE: *R. Edwin Reed, Jr.* **R. Edwin Reed, Jr.** **1/25/96** **(408)655-6247**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)