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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33401-7439

3. Date Incorporated or Qualified 11/09/1962
3a. Date of Last Report 04/25/1996

2. Principal Place of Business 2a. Mailing Address
21 471 Spencer Drive 26 471 Spencer Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-1084179 Applied For Not Applicable

22 City & State 27 City & State
23 West Palm Beach, FL 28 West Palm Beach, FL

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

24 Zip 25 Country 29 Zip 30 Country
24 33409 25 Palm Beach 29 33409 30 Palm Beach

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name David M. Gersh, Ph.D.
82 Street Address (P.O. Box Number is Not Acceptable) 6310 Brava Way
83
84 City Boca Raton FL 85 Zip Code 33433

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 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 617.0503, Florida Statutes.

SIGNATURE *David M. Gersh* David M Gersh Executive Director 4/24/97
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV	<input type="checkbox"/> DELETE
NAME	CANTWELL, ANNE E	
STREET ADDRESS	625 N. FLAGLER DR., SUITE 10	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICCA, C B	
STREET ADDRESS	PO DRAWER 4888 NA	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SCHOFIELD, WILLIAM	
STREET ADDRESS	13146 LA MARADA CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REED, EDWIN	
STREET ADDRESS	2331 N. WALLEN DR.	
CITY-ST-ZIP	LAKE PARK FL 33410	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BOWMAN, DARI	
STREET ADDRESS	19198 PINE TREE DR	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SMITH, HALSEY	
STREET ADDRESS	2405 MERCER AVE	
CITY-ST-ZIP	W PALM BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	David M Gersh, Ph.D.
4.3 STREET ADDRESS	6310 Brava Way
4.4 CITY-ST-ZIP	Boca Raton, FL 33433
5.1 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robert J.C. Bednec
5.3 STREET ADDRESS	11760 US Highway 1, West Tower, 3rd Floor
5.4 CITY-ST-ZIP	North Palm Beach, FL 33408
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	505 S. Flagler Drive, Suite 1100
6.4 CITY-ST-ZIP	West Palm Beach, FL 33401

14. I do 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 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 *David M. Gersh*

CR2E037 (9/96)