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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704785 (5)

1. Corporation Name
THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC.



Principal Place of Business 471 SPENCER DRIVE WEST PALM BEACH FL 33409 US	Mailing Address 471 SPENCER DRIVE WEST PALM BEACH FL 33409 US
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3. Date Incorporated or Qualified 11/09/1962	
4. FEI Number 59-1084179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**GERSH, DAVID M PHD
6310 BRAVA WAY
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name VACCA, DAVID	
82 Street Address (P.O. Box Number is Not Acceptable) 471 SPENCER DRIVE	
83	
84 City WEST PALM BCH FL	85 Zip Code 33409

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 VACCA** *4/30/98*

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

12. OFFICERS AND DIRECTORS	
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 DS	<input checked="" 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 GERSH, DAVID M PHD	
STREET ADDRESS 6310 BRAVA WAY	
CITY-ST-ZIP BOCA RATON FL	
TITLE DT	<input type="checkbox"/> DELETE
NAME BEDRIE, ROBERT J C	
STREET ADDRESS 11760 US HIGHWAY 1 WAT TOWER, 3RD FLOOR	
CITY-ST-ZIP NORTH PALM BEACH FL	
TITLE DP	<input type="checkbox"/> DELETE
NAME SMITH, HALSEY	
STREET ADDRESS 505 S FLAGLER DRIVE SUITE 1400	
CITY-ST-ZIP W PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME CANTWELL, ANNE E	
1.3 STREET ADDRESS 625 N. FLAGLER DR., SUITE 10	
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME BEAMER, KATHRYN	
2.3 STREET ADDRESS 1675 PB LAKES BLVD, STE 700	
2.4 CITY-ST-ZIP W.P. BEACH, FL 33401	
3.1 TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME MOREHOUSE, DEAN	
3.3 STREET ADDRESS 717 KING ST. STE 200	
3.4 CITY-ST-ZIP ALEX ANDRIA, VA 22314	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME VACCA, DAVID	
4.3 STREET ADDRESS 471 SPENCER DRIVE	
4.4 CITY-ST-ZIP WEST PALM BCH, FL 33401	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME BEDASSE, ROBERT J.C.	
5.3 STREET ADDRESS 11760 US HIGHWAY 1, WATOWER	
5.4 CITY-ST-ZIP NORTH PALM BCH, FL 3rd FLR	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 *4/30/98* *561.616-1261*

CR2E037 (10/97)