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04-01-1999 90009 012 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704785

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/09/1962

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

9. Name and Address of Current Registered Agent

VACCA, DAVID
471 SPENCER DR
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

LESLIE, DORLA

82 Street Address (P.O. Box Number is Not Acceptable)

471 SPENCER DRIVE

83

84 City

WEST PALM BEACH

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 *Dorla Leslie - DORLA LESLIE*

3/18/99

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 DS
NAME CANTWELL, ANNE E
STREET ADDRESS 625 N. FLAGLER DR., SUITE 10
CITY-ST-ZIP WEST PALM BEACH FL 33401

DELETE

TITLE D
NAME RICCA, C B
STREET ADDRESS PO DRAWER 4888 NA
CITY-ST-ZIP W PALM BCH FL

DELETE

TITLE D
NAME BEAMER, KATHRYN
STREET ADDRESS 1675 PB LAKES BLVD STE 700
CITY-ST-ZIP WEST PALM BEACH FL 33401

DELETE

TITLE DV
NAME MOREHOUSE, DEAN
STREET ADDRESS 717 KING ST STE 200
CITY-ST-ZIP ALEXANDRIA VA 22314

DELETE

TITLE DT
NAME BEDASSE, ROBERT J. C.
STREET ADDRESS 11760 U. S. HWY 1 W TOWER 3RD FL
CITY-ST-ZIP NORTH PALM BEACH FL

DELETE

TITLE DP
NAME SMITH, HALSEY
STREET ADDRESS 505 S FLAGLER DRIVE SUITE 1400
CITY-ST-ZIP W PALM BEACH FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
 Change Addition

2.1 TITLE DS
2.2 NAME BWM, EVELYN
2.3 STREET ADDRESS 2305 SO. FLAGLER DR
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401
 Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
 Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
 Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
 Change Addition

6.1 TITLE D
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change Addition

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, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

3/18/99

561-616-1264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)