

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90532 004 \*\*\*\*70.00

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04092004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 704785</b>					
<b>1. Entity Name</b> THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC.					
<b>Principal Place of Business</b> 471 SPENCER DRIVE WEST PALM BEACH, FL 33409 US		<b>Mailing Address</b> 471 SPENCER DRIVE WEST PALM BEACH, FL 33409 US			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-1084179	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
LESLIE, DORLA 471 SPENCER DRIVE WEST PALM BEACH, FL 33409			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTWELL, ANNE E		NAME		
STREET ADDRESS	1409 LAKE PLACID DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, EVELYN		NAME		
STREET ADDRESS	2305 SOUTH FLAGLER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 33401		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAMER, KATHRYN		NAME		
STREET ADDRESS	1675 PB LAKES BLVD STE 700		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	DSV	<input checked="" type="checkbox"/> Delete	TITLE	DSV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER, FRANCIS		NAME	Elizabeth Erdman	
STREET ADDRESS	255 CLARKE AVE		STREET ADDRESS	770 So. Flagler	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	West Palm Beach, FL - 33401	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, MICHELE		NAME	Anthony Mauro	
STREET ADDRESS	3105 PGA BLVD		STREET ADDRESS	5114 Okbechober Blvd	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	Suite 210	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELTZER, JOHN		NAME	Jean Desjardins	
STREET ADDRESS	9229 SE WOODS END PLACE		STREET ADDRESS	319 Peruvian Ave	
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP	Palm Beach, FL 33480	
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Richard M. Dean</i>		Date: 4/21/2004		Daytime Phone #: 686 0803	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					