


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90065 007 ****70.00


DOCUMENT # 704785
1. Entity Name
THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC.



Principal Place of Business Mailing Address
471 SPENCER DRIVE **471 SPENCER DRIVE**
WEST PALM BEACH FL 33409 **WEST PALM BEACH FL 33409**
US **US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-1084179 Not Applicable

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

6. Name and Address of Current Registered Agent
LESLIE, DORLA
471 SPENCER DRIVE
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CANTWELL, ANNE E	
STREET ADDRESS	1409 LAKE PLACID DR	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BEAMER, KATHRYN	
STREET ADDRESS	1675 PB LAKES BLVD STE 700	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	ERDMAN, ELIZABERTH	
STREET ADDRESS	770 S FLAGLER	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MARICO, ANTHONY	
STREET ADDRESS	5114 OKECHOBEE BLVD., STE. 210	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DEEZMOND, JLAN	
STREET ADDRESS	319 PERUVIAN AVE.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Spector, David	
STREET ADDRESS	1900 Phillips Point West, 777 So. Flagler Dr.	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marino, Anthony	
STREET ADDRESS	5114 Okechobee Blvd. Ste. 210	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meisenzahl, Jean	
STREET ADDRESS	PO Box 2016	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *David Spector* **3/29/05** **561 686 0803**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #