

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90370 045 \*\*\*\*61.25  
 04-20-2006 90212 037 \*\*\*\*\*8.75

J0014000



1st MOORE CR2E037 (10/05)

<b>DOCUMENT # 704785</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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1084179</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LESLIE, DORLA 471 SPENCER DRIVE WEST PALM BEACH FL 33409</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECTOR, DAVID		NAME		
STREET ADDRESS	1900 PHILLIPS PT. W, 777 S FLAGLER DR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP		
TITLE	D	<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	DV	<input type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERDMAN, ELIZABETH		NAME	ERDMANN, ELIZABETH	
STREET ADDRESS	770 S FLAGLER		STREET ADDRESS	770 S. Flagler	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, ANTHONY		NAME		
STREET ADDRESS	5114 OKECHOBEE BLVD., STE. 210		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISENZAHL, JEAN		NAME		
STREET ADDRESS	P.O BOX 2016		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Jean Legend Marsey	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Jean Legend Marsey</i>			Date: <b>4/18/06</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



ATTACHMENT  
50014006  
THE CENTER FOR FAMILY SERVICES  
OF PALM BEACH COUNTY, INC.

Individual, Group and  
Family Counseling  
Employee Assistance Program  
HIPPIY Program  
S.A.F.E. Kids Program  
Substance Abuse Recovery  
Program  
Program REACH  
Emergency Shelter

April 18, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32314

Attn: Annual Reports Section

BRANCH OFFICES  
400 East Linton Blvd., Suite G5  
Delray Beach, FL 33483  
Phone 561.330.2266  
Fax 561.330.2264

RE: The Center for Family Services of Palm Beach County, Inc.  
Reference Number: 7014785

12773 West Forest Hill Blvd.,  
Suite 219  
Wellington, FL 33414  
Phone 561.793.1698  
Fax 561.795.7513

Dear Sirs,

PROGRAM REACH  
Pat Reeves Village  
1320 Henrietta Avenue and  
559 12th Street  
West Palm Beach, FL 33401  
Phone 561.514.0564  
Fax 561.514.0648


Thank you for your letter of April 6, 2006. As requested enclosed please find signed copy of the annual report/uniform business report. Also enclosed, please find additional check in the amount of \$8.75 to cover the cost of a Certificate of Status.

Thank you for your attention to this matter. If you need any additional information, please call me at 561-616-1258.

Accredited by the Council on  
Accreditation of Services for  
Families and Children

Sincerely,

Licensed by the State of Florida,  
Department of Children and  
Families



Judith E. Delman  
Executive Assistant to  
Executive Director



Encl.

