

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


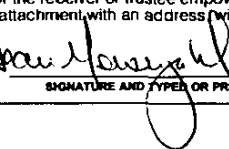
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Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90223 049 ****70.00

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04032007 Chg-NP CR2E037 (12/06)

DOCUMENT # 704785					
1. Entity 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 - No P.O. Box # 471 Spencer Dr. Suite, Apt. #, etc.		3. Mailing Address 471 Spencer Dr. Suite, Apt. #, etc.			
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number 59-1084179	
Zip 33409		Country Palm Beach		Country Palm Beach	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 Leslie, Dorla Street Address (P.O. Box Number is Not Acceptable) 471 Spencer Dr. City West Palm Beach FL Zip Code 33409		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SPECTOR, DAVID 1900 PHILLIPS PT. W, 777 S FLAGLER DR WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAMER, KATHRYN 1675 PB LAKES BLVD STE 700 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Beamer, Kathryn M. 11811 US Highway One Suite 102 North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ERDMANN, ELIZABETH 770 S FLAGLER WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARINO, ANTHONY 5114 OKECHOBEE BLVD., STE. 210 WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEISENZAHL, JEAN P.O BOX 2016 PALM BEACH, FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Meisenzahl, Jean 335 South County Rd. Palm Beach, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Santino, Dana 1675 Palm Beach Lakes Blvd. Ste.700 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Jean Meisenzahl		4/24/07 561-616-1264	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	