## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 704785**

FILED Apr 01, 2009 Secretary of State

Entity Name: THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	KER AVE.	
WEST PA	LM BEACH, FL 33405 US	
Current N	lailing Address:	New Mailing Address:
4101 PAR	KER AVE.	
WEST PA	LM BEACH, FL 33405 US	
El Number	: 59-1084179 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
LESLIE, D 4101 PAR WEST PA		
	e named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE:	
	Electronic Signature of Registered Ag	gent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	D (X) Delete SPECTOR, DAVID 1900 PHILLIPS PT. W, 777 S FLAGER DR WEST PALM BEACH, FL 33401	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete BEAMER, KATHRYN 11811 US HIGHWAY ONE, SUITE 102 NORTH PALM BEACH, FL 33408	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DV ( ) Delete ERDMANN, ELIZABETH 770 S FLAGLER WEST PALM BEACH, FL 33401	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address:	DT ( ) Delete MARINO, ANTHONY 5114 OKECHOBEE BLVD., STE. 210 WEST PALM BEACH, FL 33417	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
City-St-Zip:		
City-St-Zip: Fitle: Name: Address: City-St-Zip:	P ( ) Delete MEISENZAHL, JEAN 335 SOUTH COUNTY RD PALM BEACH, FL 33480	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN MEISENZAHL PRES 04/01/2009