

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704785

FILED  
Mar 31, 2010  
Secretary of State

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

**Current Principal Place of Business:**

4101 PARKER AVE.  
WEST PALM BEACH, FL 33405 US

**New Principal Place of Business:**

**Current Mailing Address:**

4101 PARKER AVE.  
WEST PALM BEACH, FL 33405 US

**New Mailing Address:**

FEI Number: 59-1084179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LESLIE, DORLA  
4101 PARKER AVE  
WEST PALM BEACH, FL 33405 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BEAMER, KATHRYN  
Address: 11811 US HIGHWAY ONE, SUITE 102  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DV  
Name: ERDMANN, ELIZABETH  
Address: 770 S FLAGLER  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DT  
Name: MARINO, ANTHONY  
Address: 5114 OKECHOBEE BLVD., STE. 210  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: P  
Name: MEISENZAH, JEAN  
Address: 335 SOUTH COUNTY RD  
City-St-Zip: PALM BEACH, FL 33480

Title: S  
Name: WELLMAN, PETER N  
Address: 250 S. AUSTRALIAN AVE SUITE 900  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: JEAN MEISENZAH

P

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date