

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704785

FILED
Apr 30, 2012
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: 1555 PALM BEACH LAKES BLVD, SUITE 750
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: MEISENZAHN, JEAN
Address: 335 SOUTH COUNTY RD
City-St-Zip: PALM BEACH, FL 33480

Title: S
Name: TRAVIS, PATTI
Address: 222 LAKEVIEW AVE, SUITE 1600
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 MEISENZAHN

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date