

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90300 036 \*\*\*\*70.00

**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**

**11019813**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-1084179**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CANTWELL, ANNE E</b> <b>650 S. AUSTRALIAN AVE.</b> <b>WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>BLUM, EVELYN</b> <b>2305 SOUTH FLAGLER DRIVE</b> <b>W-PALM-BCH-FL-33401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEAMER, KATHRYN</b> <b>1675 PB LAKES BLVD STE 700</b> <b>WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>MOREHOUSE, DEAN</b> <input checked="" type="checkbox"/> Delete <b>8800 PENNSYLVANIA AVE.</b> <b>UPPER MARLBORO MD 20772</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <input checked="" type="checkbox"/> Delete <b>BEDASSE, ROBERT J. C.</b> <b>11760 US HWY 1, WEST TOWER 2ND FLR.</b> <b>NORTH PALM BEACH FL 33408</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <input type="checkbox"/> Delete <b>FELTZER, JOHN</b> <b>9229 SE WOODS END PLACE</b> <b>TEQUESTA FL 33469</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Cantwell, Anne E.</b> <b>1409 Lake Placid Dr.</b> <b>Lake Worth, FL 33461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Blum, Evelyn</b> <b>2305 South Flagler Drive</b> <b>West Palm Beach, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Beamer, Kathryn</b> <b>1675 Palm Beach Lakes Blvd. Ste. 700</b> <b>West Palm Beach, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Fisher, Francis</b> <b>255 Clarke Ave.</b> <b>Palm Beach, FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jacobs, Michele</b> <b>3105 PGA Blvd.</b> <b>Palm Beach, Gardens, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED

4/24/2003

CR2E037 (10/02)