

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90013 047 ****70.00

DOCUMENT # 712033

1. Entity Name
OAKWOOD CENTER OF THE PALM BEACHES, INC.



Principal Place of Business
1041-45TH STREET
WEST PALM BEACH, FL 33407

Mailing Address
1041-45TH STREET
WEST PALM BEACH, FL 33407

40038954



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1171320

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAAVEDRA, RODRIGO
PLAZA 3000 #2 THIRD FL
3000 N FEDERAL HWY
FT LAUDERDALE, FL 33306

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S3 ☐ Delete
NAME CRITTON, ROBERT
STREET ADDRESS 515 N. FLAGLER DR, STE 400
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE Chairman ☐ Change ☒ Addition
NAME Morton, Terry L.
STREET ADDRESS P.O. Box 347
CITY-ST-ZIP West Palm Beach, FL 33402

TITLE D ☐ Delete
NAME ORR, JOSEPH
STREET ADDRESS P O BOX 31511
CITY-ST-ZIP WEST PALM BEACH, FL 33420

TITLE Vice Chair ☐ Change ☒ Addition
NAME Golden, Barbara
STREET ADDRESS 3341 Monet Drive
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE D ☒ Delete
NAME DELONGA, JAMES C
STREET ADDRESS 12 SURREY ROAD
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE Treasurer ☐ Change ☒ Addition
NAME Wilson, Richard
STREET ADDRESS 5097 Victoria Circle
CITY-ST-ZIP West Palm Beach, FL 33409

TITLE D ☒ Delete
NAME BROWN, ANN W
STREET ADDRESS 2734 RHONE DR
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE Director ☐ Change ☒ Addition
NAME Calsetta, Terri
STREET ADDRESS 165 Par Drive
CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE D ☒ Delete
NAME GRAHAM, NANCY C
STREET ADDRESS 303 BANYAN BLVD, SUITE 403
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE Director ☐ Change ☒ Addition
NAME Moore, Alice
STREET ADDRESS 801 Fourth Street
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Palmer, Ezekiel
STREET ADDRESS 5702 Wheatley Drive
CITY-ST-ZIP Boynton Beach, FL 33436

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/2007 (64) 383-5711

Date

Daytime Phone #