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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT

713689

(8)

PALM BEACH HABILITATION CENTER, INC.

Principal Place of Business		Mailing Address			i indrii idtor ithan eriba diibr	ISTA INTERNI	#1### #1## #1 #	OIST CIRTITION	
4522 SOUTH CONGRESS AVENUE		4522 SOUTH CONGRESS AVENUE				3. Date Incorporated or Qualit	fied		
4522 CONGRESS AVE. LAKE WORTH FL 33461		4522 CONGRESS AVE. LAKE WORTH FL 33461				11/22/1967			
CARL HORA	12 00401	DAKE WORTH TEX	N401			4. FEI Number			Applied For
	· · · · · · · · · · · · · · · · · · ·					<u>59-6213381</u>			Vot Applicable
 -	lace of Business	2a. Mailing Addre	ss			5. Certificate of Status Desired	d 🗆		Additional
21	н	26							Required
Suite, Apt.	#, B(C,	Suite, Apt. #,	eic.			6. Election Campaign Financia	ng		May Be
City & State		City & State			7. Is this nonprofit corporation			to Fees	
23	•	28				7. Is this nonprofit corporation	Yes	No No	Off
Zip	Country	Zip	Cou	ntry		8. This corporation owes or ha			ntancible
24	25	29	30	•		Personal Property Tax due	•	Yes	No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of Nev	w Registere	d Agent	
				81 1	Name				
WOLFF,	BABBETTE			82 5	Street Addre	ess (P.O. Box Number is Not Acce	eptable)		
	OCEAN BLVD #3-3C		Į			·	<u> </u>		
PALM B	CH FL 33480			83					
				84 (City			85 Zi	Code
			I				F		
11 Purcuant	to the provisions of Sections 617.05	502 and 617 1508 Florida	Statutes the at	201/0-17	amed corp	oration submits this statement for t	the purpose	of changing	ite registered
11. Pursuant office or r	to the provisions of Sections 617.05 egistered agent, or both, in the Stat	502 and 617.1508, Florida te of Florida. Such chang	a Statutes, the at	ove-n	named corporati	oration submits this statement for tools board of directors. I hereby a	the purpose sccept the a	of changing opointment a	its registered s registered
	to the provisions of Sections 617.05 egistered agent, or both, in the Statum familiar with, and accept the obli-						the purpose	of changing	its registered s registered
11. Pursuant office or r agent. I a SIGNATURE	LIEBENE K	JULY BY	VABETTE	W	36/7/-	oration submits this statement for ion's board of directors. I hereby a	the purpose accept the a	of changing oppointment a	its registered s registered ,
	Signature, typed or printed name of registered a	JULY BY	VABETTE	W	36/7/-	CHARMAN	DATE	6/98	
SIGNATURE .	Signature, typed or printed name of registered a	sgent and title/if applicable.	(NOTE: Registered	Agent s	36/7/-	CHAWAY ed when reinstating)	DATE	6/98	RS IN 12
SIGNATURE	Signature, typed or printed name of registered a OFFICERS AI	agent and title/if applicable. ND DIRECTORS	(NOTE: Registered	Agent s	36/7/-	CHAWAY ed when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered a OFFICERS AI S WILLIAMS, JOHNNY 1525 6TH STR	agent and title/if applicable. ND DIRECTORS	(NOTE: Registered 13. ETE 1.1 TIT 1.2 NA	Agent s	signature require	CHAWAY ed when reinstating)	DATE	ND DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of they expended to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

323 LIVE OAK LANE

BOYNTON BCH FL

1/16/98 (SG) 9658500

FILED

Feb 06 1998 8:00am

Secretary of State

R2E037 (10/97)