

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713689

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: PALM BEACH HABILITATION CENTER, INC.

**Current Principal Place of Business:**

4522 SOUTH CONGRESS AVENUE  
4522 CONGRESS AVE.  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

4522 SOUTH CONGRESS AVENUE  
4522 CONGRESS AVE.  
LAKE WORTH, FL 33461

**New Mailing Address:**

FEI Number: 59-6213381      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WOLFF, BABBETTE  
2660 S OCEAN BLVD #303N  
PALM BCH, FL 33480 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: S ( ) Delete  
Name: WILLIAMS, JOHNNY  
Address: 1525 6TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: CD ( ) Delete  
Name: WOLFF, BABBETTE  
Address: 2660 S. OCEAN BLVD., #303N  
City-St-Zip: PALM BEACH, FL 33480 US

Title: VCD ( ) Delete  
Name: MOORE, E. EARL  
Address: 1510 MENORCA COURT  
City-St-Zip: WELLINGTON, FL 33414 US

Title: TD ( ) Delete  
Name: ANDERSON, SUSAN  
Address: 222 ROYAL PALM WAY  
City-St-Zip: PALM BEACH, FL 33480 US

Title: P ( ) Delete  
Name: PHILIPS, TINA  
Address: 323 LIVE OAK LANE  
City-St-Zip: BOYNTON BEACH, FL 33436 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: BROWN, OTIS S  
Address: 445 MUIRFIELD DRIVE  
City-St-Zip: ATLANTIS, FL 33462 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TINA PHILIPS

P

04/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date