

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713689

FILED
Mar 20, 2009
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 ()

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

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

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date