

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713689

FILED  
Feb 15, 2010  
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  
Name: WILLIAMS, JOHNNY  
Address: 1525 6TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33401 US

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: TINA PHILIPS

CEO

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date