

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721217 (8)
1. Corporation Name
PALM GARDENS CHILDREN'S HOME, INC.

Principal Place of Business 4796 42ND ST. VERO BEACH FL 32967	Mailing Address 4796 42ND ST. VERO BEACH FL 32967-1630
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/23/1971	3a. Date of Last Report 01/31/1996	4. FEI Number 59-1469955 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent MASSE, EDGAR J 4796 42ND ST. VERO BEACH FL 32967	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MASSE, SHAWN		1.2 NAME	
STREET ADDRESS 4256 48TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL 32967		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VANDERWALT, DESIREE		2.2 NAME	
STREET ADDRESS 1228 24TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL 32960		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MASSE, ED		3.2 NAME	
STREET ADDRESS 4796 42ND ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL 32967		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MASSE, HONOR		4.2 NAME	
STREET ADDRESS 4258 48TH AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL 32967		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAZEN, SHANNON		5.2 NAME	
STREET ADDRESS 2830 LAUREL DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL 32960		5.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CULVER, LINDA		6.2 NAME	
STREET ADDRESS 3405 2ND PL		6.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **LINDA CULVER** **4796 42ND ST. VERO BEACH FL 32967**

CR2E037 (9/96)