FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

n	\cap	\cap	IN/	NIT	- #

728996

(O)

IEWICH FAMILY AND CHILDREN'S SERVICE OF PALM REA

CH COUNTY, INC.										
Principal Place	e of Business	Mailing Addr	ess				Bill BIBII At	10) A1811 A1811 A1	Tib Atan (Abi	
4605 COMMUNITY DRIVE 4605 COMMUNITY DRIVE WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417				-2716						
						3. Date incorporated or Qualified 03/06/1974		ate of Last Re 04/19/199		
 -1	lace of Business	2a. Mailing A	ddress			4. FEI Number 59-1520581			plied For at Applicable	
Suite, Apt.	# etc	Suite, Ap	# etc	~ <u></u>				\$8.75		
22	m, 0.00.	27	,,, 4.2,			5. Certificate of Status Desired	5 2	Fee Re		
City & State	9	City & Sta	ite			8. Election Campaign Financing		\$5.00	May Re	
23		28				Trust Fund Contribution		Added to		
Zip	Country	Zip		Country		8. This corporation has liability for	intangible	tax under s.	. 199.032,	
24	25	29	30	<u> </u>			☐ Yes 【			
	9. Name and Address of Curre	nt Registered Age	nt			10. Name and Address of New R	egistered	Agent		
				81	Nam e					
SCHWARTZ, DAVID R ESQ 1655 PALM BEACH LAKES BLVD. #106				82	Street Add	dress (P.O. Box Number is Not Accepte	ible)			
	ALM BEACH FL 33401			83						
				84	City			85 Zip (Code	
		00 10474500 5					FL	•		
office or r	to the provisions of Sections 617.056 egistered agent, or both, in the State	uz and 617.1508, F e of Florida. Such c	iorida Statutes, hange was auth	tne above horized by	e-named co vithe corpor	rporation submits this statement for the ation's board of directors. I hereby access	purpose o	i changing itt pointment as	s registered registered	
agent. I a	m familiar with, and accept the folio	gations . Section 6	7.0503, Florid	la Statutes	3.	1			•	
SIGNATURE	1000mmore	75,	(Signer	dine	nkon	ν]		. <u></u>		
12.	Mature, typed or partie define of registered ag	ND DIRECTORS	▼(NOTE: Re	egistered Age	nt signature req	Wed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AN	O DIDECTOR	Q INI 12	
TITLE	VP OFFICERS AI		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF	OLINO AIVI	Change	Addition	
NAME	ABRAMSON, LAWRENCE M	<u>. </u>		1.2 NAME	ł			C 4	- Tarantion	
STREET ADDRESS	1860 FOREST HILL BOULEV	ARN	ľ	1.3 STREET	PUUBECC					
CITY-ST-ZIP	WEST PALM BEACH FL 3340			1.4 CITY-S						
TITLE	SD SD		DELETE	2.1 TITLE	1-211			Change	Addition	
NAME I	JACOBSON, SIDNEY			2.2 NAME	1				_	
STREET ADDRESS	360 S. OCEAN BLVD.			2.3 STREET	ADORESS					
CITY-ST-ZIP	PALM BEACH FL			2. 4 CHTY -	1					
TITLE	P		DELETE	3.1 TIFLE				Change	Addition	
NAME	KLEIN, ELIZABETH S			3.2 NAME						
STREET ADDRESS	13889 DEER CREEK DRIVE			3.3 STREET	ADORESS					
CITY-ST-ZIP	PALM BEACH GARDENS FL			3.4. CITY-5	ST-ZIP					
TITLE	VP		DELETE	4.1 TITLE				Change	Addition	
NAME	SAULSON, WILLIAM F			4. 2 NAME						
STREET ADDRESS	3630 WHITE HALL DRIVE			4.3 STREET	ADDRESS .					
CITY-ST-ZIP	WEST PALM BEACH FL 3340	01		4.4 CITY - S	T-ZIP					
THLE	T	L	DELETE	5.1 TITLE	T T			Change	Addition	
NAME	RUBINS, JONATHAN D			5.2 NAME	ł					
STREET ADDRESS	8542 BEACON HILL ROAD			5.3 STREET	ADORESS					
CtTY-ST-ZIP	PALM BEACH GARDENS FL			5.4 CITY-S	T-21P					
TITLE	MD		DELETE	6.1 TOTLE	7			Change	☐ Addition	
NAME	NEWSTEIN, NEIL P			6.2 NAME						
STREET ADORESS	17032 SHETLAND LANE			6.3 STREET	ADDRESS					
CITY OF THE	LOYAUATOUSE SI			CACITY C	7 740					

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 emowered 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 in the names.

SIGNATURE:

TESW EXECUTIVE BYRECON

FILED

Apr 22 1997 8:00am

Secretary of State