2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# 735239

Entity Name: PARACARE ASSOCIATION OF PALM BEACH, INC.

Current Principal Place of Business:

12776 68TH STREET
WEST PALM BEACH, FL 33412

New Principal Place of Business:

12776 68TH STREET N
WEST PALM BEACH, FL 33412

Current Mailing Address:

P.O. BOX 532
PALM BEACH, FL 334800532

New Mailing Address:

FEI Number: 51-0199392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, REX
846 S.W. MAGNOLIA BLUFF DR.
PALM CITY, FL 34990 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: SD ( ) Delete
Name: FLEMING, FRANK
Address: 3203 VASSALLO AVE.
City-St-Zip: LAKE WORTH, FL 33461

Title: PD ( ) Delete
Name: PERRON, RONALD B
Address: 12776 68TH STREET NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

Title: TD ( ) Delete
Name: DAVIS, C. R
Address: 846 SW MAGNOLIA BLUFF DR.
City-St-Zip: PALM CITY, FL 34990

Title: S ( ) Delete
Name: FLEMING, JUDY A
Address: 3203 VASSALLO AVE
City-St-Zip: LAKE WORTH, FL 33461Z

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FLEMING, FRANK
Address: 7819 BLAIRWOOD CIR. N.
City-St-Zip: LAKE WORTH, FL 33467

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

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

Title: D (X) Change ( ) Addition
Name: SAXTON, CHARLES M
Address: 734 NE 20TH LANE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S ( ) Change (X) Addition
Name: FLEMING, JUDY A
Address: 7819 BLAIRWOOD CIR. N.
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES M. SAXTON D 01/12/2007
Electronic Signature of Signing Officer or Director — Date