

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735239

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** PARACARE ASSOCIATION OF PALM BEACH, INC.

**Current Principal Place of Business:**

12776 68TH STREET N  
WEST PALM BEACH, FL 33412 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 532  
PALM BEACH, FL 334800532 US

**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, CLYDE R  
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: D  
Name: FLEMING, FRANK  
Address: 7819 BLAIRWOOD CIR. N.  
City-St-Zip: LAKE WORTH, FL 33467

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

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

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

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

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: CHARLES M. SAXTON

D

01/18/2012

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

\_\_\_\_\_  
Date