

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 12 1996 8:00 am
Secretary of State

DOCUMENT # 746600 (6)

1. Corporation Name
PARENT-CHILD CENTER, INC.



Principal Place of Business: **2500 METROCENTRE BLVD., SUITE 3 WEST PALM BEACH FL 33407**
Mailing Address: **2500 METROCENTRE BLVD., SUITE 3 WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified: **04/03/1979** 3a. Date of Last Report: **06/22/1995**
4. FEI Number: **59-1964034** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEIN, STUART B
1551 FORUM PLACE
SUITE 400-B
WEST PALM BEACH FL 33401**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, JUDITH	
STREET ADDRESS	168 E INLET DR	
CITY - ST - ZIP	PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LECLAIR, CHARLES R.	
STREET ADDRESS	1150 WOODCREST RD., WEST	
CITY - ST - ZIP	WEST PALM BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERTSCH, ROBERT	
STREET ADDRESS	224 DATURA ST HARVEY BLDG #301	
CITY - ST - ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIDDLETON, PAM	
STREET ADDRESS	514 FOURTH ST	
CITY - ST - ZIP	LK PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYCE, MICHELLE G	
STREET ADDRESS	2080 TARRAGON RD	
CITY - ST - ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Michelle G Boyce* 2-1-96 (407) 863-5701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)