


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90030 027 \*\*\*\*61.25

0041474

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 746600**  
 1. Corporation Name  
**PARENT-CHILD CENTER, INC.**

513809 - 90030 - 27

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
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/03/1979	4. FEI Number 59-1964034	Applied For 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		

9. Name and Address of Current Registered Agent

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

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, JUDITH	1.2 NAME	Roger K. Wille, Palm Bch. Shores P.D.
STREET ADDRESS	168 E INLET DR	1.3 STREET ADDRESS	247 Edwards Lane
CITY-ST-ZIP	PALM BCH FL	1.4 CITY-ST-ZIP	Palm Beach Shores, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V/D
NAME	LECLAIR, CHARLES R.	2.2 NAME	Kevin Massey
STREET ADDRESS	1150 WOODCREST RD., WEST	2.3 STREET ADDRESS	3213 Vincent Rd.
CITY-ST-ZIP	WEST PALM BCH. FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S/D
NAME	BERTSCH, ROBERT	3.2 NAME	Renee Constantino
STREET ADDRESS	224 DATURA ST HARVEY BLDG #301	3.3 STREET ADDRESS	909 Fern St.
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	MIDDLETON, PAM	4.2 NAME	
STREET ADDRESS	514 FOURTH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LK PARK FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BOYCE, MICHELLE G	5.2 NAME	
STREET ADDRESS	2080 TARRAGON RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Renee Constantino Date: 4/2/99 Daytime Phone #: 561-832-3755

CR2E037 (1/98)