

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90010 037 ****70.00



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

Principal Place of Business
4802 EDL AVE
WEST PALM BEACH, FL 33407

Mailing Address
4016 BROADWAY
WEST PALM BEACH, FL 33407

2. Principal Place of Business
2001 W. Blue Heron
 Suite, Apt. #, etc.

3. Mailing Address
2001 W. Blue Heron Blvd
 Suite, Apt. #, etc.



01162004 Chg-NP CR2E037 (10/03)

City & State
Rivera Beach, FL

City & State
Riviera Beach, FL

Zip
33404

Country

4. FEI Number
59-1964034

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORBETT, JOHN
4016 BROADWAY
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2001 W. Blue Heron Blvd

City **Riviera Beach, FL** Zip Code **33404**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **John Corbett, President & CEO** (NOTE: Registered Agent signature required when reinstating)

DATE **1-22-04**

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINLEY, WILLIAM E			NAME			
STREET ADDRESS	3 BEACHWAY NORTH			STREET ADDRESS			
CITY-ST-ZIP	OCEAN RIDGE, FL 33435			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYCE, MICHELLE G			NAME			
STREET ADDRESS	5013 SESAME ST			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418			CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIERCE, WALTER JR. PHD			NAME			
STREET ADDRESS	9123 N. MILITARY TRAIL, SUITE 103			STREET ADDRESS			
CITY-ST-ZIP	LOXAHATCHEE, FL 33470			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LECLAIR, CHARLE R			NAME			
STREET ADDRESS	1367 SCOTTSDALE RD.E			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACLOSKEY, LOUIS			NAME			
STREET ADDRESS	3 RIVER CHASE TERRACE			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VELLALOBOS, ALEJANDRO MD			NAME			
STREET ADDRESS	11211 PROSPERITY FARMS RD SUITE 110C			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John Corbett, President & CEO** (NOTE: Signature and typed name of signing officer or director)

DATE: **1-22-04 (56)**

DAYTIME PHONE #: **841-3500**

X1065