


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90757 002 ***105.00

DOCUMENT # 746600 1. Entity Name PARENT-CHILD CENTER, INC.					
Principal Place of Business 2001 W. BLUE HERON RIVIERA BEACH, FL 33404			Mailing Address 2001 W. BLUE HERON RIVIERA BEACH, FL 33404		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1964034	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORBETT, JOHN 2001 W. BLUE HERON BLVD RIVIERA BEACH, FL 33404			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D FINLEY, WILLIAM E 3 BEACHWAY NORTH OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Finley, William E 3 Beachway North Ocean Ridge, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYCE, MICHELLE G 3402 GARDENS EAST DRIVE, # 14 A PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Butler, Gary 429 31st Street West Palm Beach FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PIERCE, WALTER JR. PHD 4005 HEATH CIRCLE N WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pierce, Walter Jr. PhD 4005 Heath Circle N. West Palm Beach FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECLAIR, CHARLE R 1141 WYNNEDALE WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ray, Willie 4904 McConnell St. Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MACLOSKEY, LOUIS 3 RIVER CHASE TERRACE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST macloskey, Louis 3 River Chase Terrace Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORBETT, JOHN 2001 W BLUE HERON BLVD WEST PALM BEACH, FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sussman, Stephen 3520 whitehall Dr. #106 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>John Corbett</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>3-29-06</i> Daytime Phone #: <i>561.841.3500</i> <i>X10PS</i>		

ATTACHMENT
66011850

Parent-Child Center, Inc.
Doc #746600

Change or Addition: Addition
Title: D
Name: Green, Karyn
Street: 425 NW Sixth Avenue
City, State, Zip: Boca Raton, FL 33432

Change or Addition: Addition
Title: D
Name: Williams, Brent
Street: 636 40th Street
City, State, Zip: West Palm Beach, FL 33407

Change or Addition: Addition
Title: V
Name: Kneip, Robert
Street: 2001 W. Blue Heron Blvd.
City, State, Zip: Riviera Beach, FL 33404

Change or Addition: Addition
Title: MD
Name: McNamara, Patrick
Street: 2001 W. Blue Heron Blvd.
City, State, Zip: Riviera Beach, FL 33404



ATTACHMENT
**Community Partnership
Group**

Housing Partnership, Inc. • Parent Child Center, Inc.

66011850

#746600

April 20, 2006

Florida Department of State
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Subject: 2006 Annual Reports

To Whom It May Concern:

Enclosed is the documentation required for the 2006 Annual Reports for five of our organizations. Our payments are distributed as follows:

Housing Partnership, Inc.	Ck. #33618	\$70.00
St. Charles Place Manor, Inc.	Ck. #33618	\$70.00
Community Partnership Group, Inc.	Ck. #33618	\$35.00
Parent-Child Center, Inc.	Ck. #11144	\$70.00
Community Partnership Group, Inc.	Ck. #11144	\$35.00

If you should have any questions, please call me at (561) 841-3500 x 1064.

Thank you.

Very truly yours,

Renée B. Solis
Executive Assistant

Enclosures

cc: John Corbett
Patrick McNamara

Community Partnership Group
2001 W. Blue Heron Blvd.
Riviera Beach, FL 33404
(561) 841-3500
Fax: (561) 841-3555
www.gocpg.org