

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90426 048 \*\*\*\*70.00

**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

40089927



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-1964034

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

CORBETT, JOHN  
2001 W. BLUE HERON BLVD  
RIVIERA BEACH, FL 33404

7. Name and Address of New Registered Agent

Name Patrick McNamara

Street Address (P.O. Box Number is Not Acceptable)

2001 W. Blue Heron Boulevard  
Riviera Beach, FL 33404

City

FL

Zip Code

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

Signature, typed or printed name of registered agent, and title if applicable.

Patrick McNamara

4/17/07 (561)841-3500

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

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

TITLE C  
NAME FINLEY, WILLIAM E.  
STREET ADDRESS 3 BEACHWAY NORTH  
CITY-ST-ZIP OCEAN RIDGE, FL 33435 ☐ Delete

TITLE D  
NAME BUTTER, GARY  
STREET ADDRESS 429 31ST STREET  
CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☐ Delete

TITLE CD  
NAME PIERCE, WALTER JR.  
STREET ADDRESS 4005 HEATH CRICLE N.  
CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☐ Delete

TITLE D  
NAME WILLIE, RAY  
STREET ADDRESS 4904 MCCONNELL ST.  
CITY-ST-ZIP LAKE WORTH, FL 33463 ☐ Delete

TITLE ST  
NAME MACLOSKEY, LOUIS  
STREET ADDRESS 3 RIVER CHASE TERRACE  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 ☐ Delete

TITLE D  
NAME SUSSMAN, STEPHEN  
STREET ADDRESS 3520 WHITEHALLDR. #106  
CITY-ST-ZIP WEST PALM BEACH, FL 33401 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P, D  
NAME Patrick McNamara  
STREET ADDRESS 2001 W. Blue Heron Boulevard  
CITY-ST-ZIP Riviera Beach, FL 33404 ☐ Change ☒ Addition

TITLE D  
NAME Michelle Boyce  
STREET ADDRESS 206 Murray Court  
CITY-ST-ZIP Jupiter FL 33458 ☐ Change ☒ Addition

TITLE D  
NAME Karyn Green  
STREET ADDRESS 425 NW Sixth St. Ave.  
CITY-ST-ZIP Boca Raton, FL 33432 ☐ Change ☒ Addition

TITLE D  
NAME Brent Williams  
STREET ADDRESS 636 40th St.  
CITY-ST-ZIP West Palm Beach, FL 33407 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

Patrick McNamara 4/17/07 (561)841-3500 x1009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #