


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90031 050 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04082008 Chg-NP CR2E037 (12/06)

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	
MCNAMARA, PATRICK 2001 W. BLUE HERON BLVD RIVIERA BEACH, FL 33404		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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	C <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINLEY, WILLIAM E	NAME	Barry-Smith, Marcia
STREET ADDRESS	3 BEACHWAY NORTH	STREET ADDRESS	3037 La Mirage Drive
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	CITY-ST-ZIP	Lauderhill, FL 33319
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTER, GARY	NAME	Green, Karyn
STREET ADDRESS	429 31ST STREET	STREET ADDRESS	425 NW 6th Ave.
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	CD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERCE, WALTER JR	NAME	Williams, Brent
STREET ADDRESS	4005 HEATH CRICLE N.	STREET ADDRESS	636 40th St.
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIE, RAY	NAME	Robinson, Cleveland
STREET ADDRESS	4904 MCCONNELL ST.	STREET ADDRESS	2150 E. main st.
CITY-ST-ZIP	LAKE WORTH, FL 33463	CITY-ST-ZIP	Pahokee, FL 33476
TITLE	ST <input type="checkbox"/> Delete	TITLE	
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	
NAME	SUSSMAN, STEPHEN	NAME	
STREET ADDRESS	3520 WHITEHALLDR. #106	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	

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 Patrick McNamara, President CEO 4/10/08 (561) 841-3500 x1009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #