

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **763569** (1)

1. Corporation Name

CENTER FOR CHILDREN IN CRISIS, INC.



Principal Place of Business

Mailing Address

**2112 S CONGRESS
WEST PALM BEACH FL 33406
US**

**2112 S CONGRESS
WEST PALM BEACH FL 33406
US**

3. Date Incorporated or Qualified

06/04/1982

3a. Date of Last Report

02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2201932

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, JUDY A.
2112 SO CONGRESS
W PALM BCH FL 33406**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	O'HARA, MICHAEL L.	
STREET ADDRESS	1500 N DIXIE HWY	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ABBOTT, DENNY	
STREET ADDRESS	14144 ASTER AVE.	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	SD DP	<input type="checkbox"/> DELETE
NAME	KELLER, TOBY	
STREET ADDRESS	220 SANFORD AVE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VB D	<input type="checkbox"/> DELETE
NAME	STAUDINGER, RICHARD	
STREET ADDRESS	8176 NASHUA DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DONANE, REBECCA	
STREET ADDRESS	11610 LADNING PLACE	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	THOMPSON, JUDY	
STREET ADDRESS	1720 E TIFFANY DR 2112 S. CONGRESS AVE	
CITY-ST-ZIP	MANGONIA PARK FL W. PALM BCH. FL	

11 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	REBECCA DUKE	
13 STREET ADDRESS	654 ATLANTIC RD.	
14 CITY-ST-ZIP	N. PALM BCH. FL	
21 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ELEANOR KRUSELL	
23 STREET ADDRESS	4174 PALO VERDE DR.	
24 CITY-ST-ZIP	BOYNTON BCH. FL	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Judy Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDY THOMPSON

1/18/96

1407 641-1500

Date

Daytime Phone #

CR2E037 (12/95)