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Jan 21 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

2112 S CONGRESS  
WEST PALM BEACH FL 33406  
US

Mailing Address

2112 S CONGRESS  
WEST PALM BEACH FL 33406-7604  
US



3. Date Incorporated or Qualified  
06/04/1982

3a. Date of Last Report  
02/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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

10. Name and Address of New Registered Agent

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

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	<del>DP</del>	<input type="checkbox"/> DELETE
NAME	DUKE, REVECCA	
STREET ADDRESS	654 ATLANTIC RD	
CITY-ST-ZIP	N PALM BCH FL	
TITLE	<del>DP</del>	<input checked="" type="checkbox"/> DELETE
NAME	KELLER, TOBY	
STREET ADDRESS	220 SANFORD AVE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STAUDINGER, RICHARD	
STREET ADDRESS	8176 NASHUA DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	<del>DP</del>	<input type="checkbox"/> DELETE
NAME	KRUSELL, ELEANOR	
STREET ADDRESS	4174 PALO VERDE DR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	THOMPSON, JUDY	
STREET ADDRESS	2112 S CONGRESS AVE	
CITY-ST-ZIP	W PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LINDA MASON	
1.3 STREET ADDRESS	7933 OAKMONT DR.	
1.4 CITY-ST-ZIP	LAKE WORTH FL 33467	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WALSH, JANE	
2.3 STREET ADDRESS	12264 INDIAN RD.	
2.4 CITY-ST-ZIP	NO. PALM BEACH FL 33408	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 Judy Thompson

Date

Daytime Phone # 0040320

CR2E037 (9/96)