

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763569** (1)

1. Corporation Name

**CENTER FOR CHILDREN IN CRISIS, INC.**



Principal Place of Business <b>2112 S CONGRESS WEST PALM BEACH FL 33406 US</b>		Mailing Address <b>2112 S CONGRESS WEST PALM BEACH FL 33406 US</b>		3. Date Incorporated or Qualified <b>06/04/1982</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-2201932</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>		Country <b>25</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country <b>29</b>		Country <b>30</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>STEELE, M. J.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2112 SO. CONGRESS AVE</b>
83
84 City <b>WEST PALM BEACH FL</b>
85 Zip Code <b>33406</b>

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 M.G. Steele (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>O'HARA, MICHAEL L.</b>		1.2 NAME <b>GAYLE LANDEN</b>	
STREET ADDRESS <b>1500 N DIXIE HWY</b>		1.3 STREET ADDRESS <b>158 LOST BRIDGE DRIVE</b>	
CITY-ST-ZIP <b>W PALM BCH FL</b>		1.4 CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33410</b>	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUKE, REVECCA</b>		2.2 NAME <b>JANE KREUSLER-WALSH</b>	
STREET ADDRESS <b>654 ATLANTIC RD</b>		2.3 STREET ADDRESS <b>12264 INDIAN RD.</b>	
CITY-ST-ZIP <b>N PALM BCH FL</b>		2.4 CITY-ST-ZIP <b>NORTH PALM BEACH FL 33408</b>	
TITLE <b>DT</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MASON, LINDA</b>		3.2 NAME <b>MATIE VECELLIO</b>	
STREET ADDRESS <b>7933 OAKMONT DR</b>		3.3 STREET ADDRESS <b>171 VILLAGE RD.</b>	
CITY-ST-ZIP <b>LAKE WORTH FL</b>		3.4 CITY-ST-ZIP <b>NO. PALM BEACH FL 33408</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WALSH, JANE</b>		4.2 NAME <b>LARRY BERNICK</b>	
STREET ADDRESS <b>12264 INDIAN RD</b>		4.3 STREET ADDRESS <b>CENTRECORP MANA 2039 STAY SAIL LA.</b>	
CITY-ST-ZIP <b>NORTH PALM BEACH FL</b>		4.4 CITY-ST-ZIP <b>JUPITER FL 33477</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KRUSELL, ELEANOR</b>		5.2 NAME <b>M.J. STEELE</b>	
STREET ADDRESS <b>4174 PALO VERDE DR</b>		5.3 STREET ADDRESS <b>800 KINTYRE COURT</b>	
CITY-ST-ZIP <b>BOYNTON BCH FL</b>		5.4 CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33418</b>	
TITLE <b>M</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>THOMPSON, JUDY</b>		6.2 NAME	
STREET ADDRESS <b>2112 S CONGRESS AVE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>W PALM BCH FL</b>		6.4 CITY-ST-ZIP	

14. I 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:

M.G. Steele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/1998

561 641-1500

CR2E037 (10/97)