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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90234 007 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 763569**

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  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/04/1982

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

9. Name and Address of Current Registered Agent

STEELE, M.J.  
2112 S CONGRESS AVE  
W PALM BCH FL 33406

10. Name and Address of New Registered Agent

81 Name Philip M. Sprinkle II, Esquire  
82 Street Address (P.O. Box Number is Not Acceptable)  
777 South Flagler Drive  
83 Suite 900, Phillips Point, East Tower  
84 City West Palm Beach FL 85 Zip Code 33401

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

Philip M. Sprinkle II

4/19/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TP	<input checked="" type="checkbox"/> DELETE
NAME	LANDEN, GAYLE	
STREET ADDRESS	158 LOST BRIDGE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	TVP	<input type="checkbox"/> DELETE
NAME	KREUSLER-WALSH, JANE	
STREET ADDRESS	12264 INDIAN RD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	VECELLIO, KATIE	
STREET ADDRESS	771 VILLAGE RD	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALSH, JANE	
STREET ADDRESS	12264 INDIAN RD	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEELE, M.J.	
STREET ADDRESS	800 KINTYRE COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BERNICK, LARRY	
STREET ADDRESS	2039 STAY SAIL LA	
CITY-ST-ZIP	JUPITER FL 33477	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROSENBERG, ROBIN	
1.3 STREET ADDRESS	PHILLIPS POINT, WEST TOWER, #1400	
1.4 CITY-ST-ZIP	777 SOUTH FLAGLER DRIVE	
2.1 TITLE	WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KREUSLER-WALSH, JANE	
4.3 STREET ADDRESS	12264 INDIAN RD	
4.4 CITY-ST-ZIP	NORTH PALM BEACH FL	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE OF ROBIN ROSENBERG

(561) 822-2819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)