

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90025 004 ****61.25

DOCUMENT # 764235

1. Entity Name
**THE CHILD ADVOCACY BOARD OF PALM BEACH
COUNTY, INC.**



Principal Place of Business
**810 DATURA STREET
FIRST FLOOR
WEST PALM BEACH, FL 33401**

Mailing Address
**810 DATURA STREET
FIRST FLOOR
WEST PALM BEACH, FL 33401**

40049123



02282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LUCAS, HAZEL
3111 S. DIXIE HWY., STE 140
WEST PALM BEACH, FL 33405**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PIERMAN, JUDY
1427 S. CONGRESS AVE/
WEST PALM BEACH, FL 33406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BAGLEY, MARGARET
1650 SOUTHERN BLVD., STE N
WEST PALM BEACH, FL 33406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
LUCAS, HAZEL
423 FERN ST, STE 220
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08
Date

561-355-4717
Daytime Phone #