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Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770763** (1)
1. Corporation Name
PALM BEACH COUNTY JUVENILE ASSOCIATION, INC.



Principal Place of Business DEPARTMENT OF JUVENILE JUSTICE 111 SOUTH SAPO DILLA AVENUE # 207 WEST PALM BEACH FL 33401 US	Mailing Address PALM BEACH COUNTY JUVENILE ASSOCN., INC. P. O. BOX 3592 WEST PALM BCH. FL 33402-3592
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3. Date Incorporated or Qualified 10/17/1983	3a. Date of Last Report 02/05/1996
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2. Principal Place of Business 21 Parent Child Center Suite, Apt. #, etc. 22 2500 Metrocentre Blvd., #3 City & State 23 West Palm Beach, FL 33407 Zip 24 33407	2a. Mailing Address 25 P.O. Box 3592 Suite, Apt. #, etc. 27 City & State 28 West Palm Beach, FL Zip 29 33402-3592	4. FEI Number 59-2422001	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing: Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DAWSON, MARIA T XXXXXX 3696 Victoria Drive WEST PALM BEACH FL 33405 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARDY, STEPHEN	1.2 NAME	Seth Bernstein, Psy.D.
STREET ADDRESS	111 SOUTH SAPO DILLA AVENUE, # 207	1.3 STREET ADDRESS	2500 Metrocentre Blvd., Ste. 3
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREWER, EDMUND	2.2 NAME	Sheila Bewsee
STREET ADDRESS	3340 FOREST HILL BLVD.	2.3 STREET ADDRESS	1700 N. Dixie Highway
CITY-ST-ZIP	W. PALM BCH. FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWSON, MARIA	3.2 NAME	Jacqueline Layne
STREET ADDRESS	111 GEORGIA AVE.	3.3 STREET ADDRESS	1100 - 45th Street
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, LINDA	4.2 NAME	Maria Dawson
STREET ADDRESS	1117 WEST LANTANA RD., B#3	4.3 STREET ADDRESS	3696 Victoria Drive
CITY-ST-ZIP	LANTANA FL 33462	4.4 CITY-ST-ZIP	West Palm Beach, FL 33406
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Vice President D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANAKAS, BARBARA	5.2 NAME	Dagmar Lindor
STREET ADDRESS	1117 WEST LANTANA RD., B#2, R#161	5.3 STREET ADDRESS	1199 Lantana Rd., Cottage 18
CITY-ST-ZIP	LANTANA FL 33462	5.4 CITY-ST-ZIP	Lantana, FL 33462
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Vice President D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAPOLITANO, FRANK	6.2 NAME	Ana Valdes
STREET ADDRESS	1117 WEST LANTANA RD., B#3	6.3 STREET ADDRESS	P.O. Box 3588 N/A
CITY-ST-ZIP	LANTANA FL 33462	6.4 CITY-ST-ZIP	Lantana, FL 33465-3588

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.

CR2E037 (9/96)