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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 770763					
1. Corporation Name PALM BEACH COUNTY JUVENILE ASSOCIATION, INC.					
Principal Place of Business PARENT CHILD CENTER 2500 METROCENTRE BLVD., #3 WEST PALM BEACH FL 33407 US			Mailing Address P O BOX 3592 WEST PALM BEACH FL 33402-3592 US		
2. Principal Place of Business 21 Juvenile Assessment Center		2a. Mailing Address 27 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/17/1983	
22 Suite, Apt. #, etc. 3400 Belvedere Rd.		27 Suite, Apt. #, etc.		4. FEI Number 59-2422001	
23 City & State WPB, FL		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33406		25 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DAWSON, MARIA T 3896 VICTORIA DR WEST PALM BEACH FL 33406			10. Name and Address of New Registered Agent 81 Name Triste Brooks 82 Street Address (P.O. Box Number is Not Acceptable) 5312 Broadway 83 City WPB FL 84 Zip Code 33407		
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 for 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 <i>Triste Brooks</i> Triste A. Brooks, Treasurer 4/30/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input checked="" type="checkbox"/> DELETE NAME BERNSTEIN, SETH P STREET ADDRESS 1000 LAKE AVE CITY-ST-ZIP LAKE WORTH FL			1.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Triste Brooks 1.3 STREET ADDRESS 5312 Broadway 1.4 CITY-ST-ZIP WPB, FL 33407		
TITLE TD <input type="checkbox"/> DELETE NAME BEWSEE, SHEILA STREET ADDRESS 1700 N DIXIE HIGHWAY CITY-ST-ZIP W. PALM BCH. FL			2.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Bewsee, Sheila 2.3 STREET ADDRESS 1700 N. Dixie Hwy 2.4 CITY-ST-ZIP WPB, FL 33407		
TITLE SD <input checked="" type="checkbox"/> DELETE NAME LAYNE, JACQUELINE STREET ADDRESS 1100 - 45TH STREET CITY-ST-ZIP WEST PALM BEACH FL			3.1 TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Kathy Healy 3.3 STREET ADDRESS 1130 SE Tequesta Terrace 3.4 CITY-ST-ZIP Tequesta, FL 33469		
TITLE VPD <input checked="" type="checkbox"/> DELETE NAME DAWSON, MARIA STREET ADDRESS 3896 VICTORIA DRIVE CITY-ST-ZIP WEST PALM BEACH FL			4.1 TITLE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Gail Polpelka 4.3 STREET ADDRESS 2500 MetroCentre Blvd #3 4.4 CITY-ST-ZIP West Palm Beach, FL 33407		
TITLE VPD <input type="checkbox"/> DELETE NAME LINDOR, DAGMAR STREET ADDRESS 1199 LANTANA RD., COTTAGE 18 CITY-ST-ZIP LANTANA FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE VPD <input type="checkbox"/> DELETE NAME VALDES, ANA STREET ADDRESS 1222 ESSEX DR CITY-ST-ZIP W PALM BCH FL 33214			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 B17, 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 REQUIRED

Sheila C. Bewsee President
Sheila C. Bewsee

Aug. 02, 1999 561-833-8388
 Daytime Phone #

CR2E037 (1/98)