

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90106 040 \*\*\*\*61.25

**DOCUMENT # 770763**

1. Entity Name

**PALM BEACH COUNTY JUVENILE ASSOCIATION, INC.**



Principal Place of Business  
**JUVENILE ASSESSMENT CENTER  
3400 BELVEDERE RD  
WEST PALM BEACH FL 33406  
US**

Mailing Address  
**P O BOX 3592  
WEST PALM BEACH FL 33402-3592  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2422001**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VANWAGONER, MIKE  
2112 S CONGRESS AVENUE  
SUITE 102  
WEST PALM BEACH FL 33406**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Mike Van Wagoner - Mike Van Wagoner*

*1-28-03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GARBARING, JOHN</b>	
STREET ADDRESS	<b>161585 MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BEWSER, SHELIA</b>	
STREET ADDRESS	<b>324 ODTUNA STREET STE 401</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, DEBRA</b>	
STREET ADDRESS	<b>3330 FOREST HILL BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>POWELL, ELISE</b>	
STREET ADDRESS	<b>623 N STREET</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCDONALD, ALICE</b>	
STREET ADDRESS	<b>471 SPENCER DRIVE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VANWAGNER, MIKE</b>	
STREET ADDRESS	<b>2112 S CONGRESS AVE SUITE 102</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406</b>	

TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gina Fazio</b>	
STREET ADDRESS	<b>11382 Prosperity Farms Rd.</b>	
CITY-ST-ZIP	<b>Suite 228B Palm Beach Gardens, FL. 33410</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jodi Slater Thibadeau</b>	
STREET ADDRESS	<b>6416 Melaleuca Lane</b>	
CITY-ST-ZIP	<b>Greenacres, Fl. 33463</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mike Van Wagoner</b>	
STREET ADDRESS	<b>2112 S. Congress Ave.</b>	
CITY-ST-ZIP	<b>Suite 102 W. Palm Beach, FL 33406</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Elise Powell</b>	
STREET ADDRESS	<b>PO Box 3588</b>	
CITY-ST-ZIP	<b>Lantana, Fl. 33465-3588</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cynthia Shulman</b>	
STREET ADDRESS	<b>2201 45th Street</b>	
CITY-ST-ZIP	<b>W. Palm Beach, Florida 33407</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sharon Tarlow</b>	
STREET ADDRESS	<b>2201 45th Street</b>	
CITY-ST-ZIP	<b>W. Palm Beach, Fl. 33407</b>	

12. 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 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.

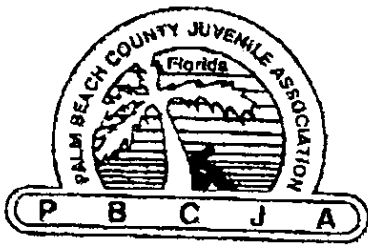
SIGNATURE:

*Mike Van Wagoner*

*1-28-03*

*(561)649-8787*

CR2E037 (10/02)



*Attachment*

**Palm Beach County Juvenile Association**  
**P. O. Box 3592**  
**West Palm Beach, FL 33401**

*# 770763*

*80017011*

**Board of Directors**

**President:**

Mike VanWagoner  
Community Intervention  
& Research Center, Inc.

**Vice Presidents:**

Gina Fazio  
Renaissance Village

Jodi Slater Thibadeau  
Camelot Community  
Care Inc.

Elise Powell  
Center for Information  
& Crisis Services

**Secretary:**

Cynthia Shulman  
Columbia Hospital, Mental  
Health Services

**Treasurer:**

Sharon Tarlow  
Columbia Hospital, Mental  
Health Services

**General Board Members:**

Rick David  
Center for Family Services

John Garbarino  
South County Mental  
Health Center, Inc.

Jill DeMario  
Health Care District of  
Palm Beach County

**President Emeritus:**

Debra A. Neeson  
School District of Palm  
Beach County

**General Board Members**

1. Rick David  
400 East Linton Blvd.  
Suite G-5  
Delray Beach, Fl. 33483

2. Jill DeMario  
Palm Beach Public  
240 Coconut Row  
Palm Beach, Fl. 33480

**President Emeritus:**

Debra Neeson  
3336 Forest Hill Blvd.  
Suite C - 141  
West Palm Beach, Fl. 33406