FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000709 (7)**

1. Corporation Name
L.A.C.E.S. OF PALM BEACH COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
138 ROOT TRAIL SUITE 1 PALM BEACH FL 33480	138 ROOT TRAIL SUITE 1 PALM BEACH FL 33480

3. Date Incorporated or Qualified: **12/10/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0373519** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LECLAIR, PAMELA
138 ROOT TRAIL
SUITE 1
PALM BEACH FL 33480

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☑ Addition
NAME	LECLAIR, PAMELA	12 NAME	Holcomb, JACK
STREET ADDRESS	138 ROOT TRAIL SUITE 1	13 STREET ADDRESS	810 DATURA ST.
CITY-ST-ZIP	PALM BEACH FL 33480	14 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D	21 TITLE	DELETE FROM LIST: ☑ Change ☐ Addition
NAME	ROGERS, GARDNER E	22 NAME	DISATHAM, CYNTHIA-D
STREET ADDRESS	138 ROOT TRAIL SUITE 1	23 STREET ADDRESS	317 S. SEACREST BLVD.
CITY-ST-ZIP	PALM BEACH FL 33480	24 CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DISATHAM, CYNTHIA	32 NAME	
STREET ADDRESS	317 S SEACREST BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	4/26/95 MST
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP	Deposited by BANK	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Pamela LeClair PAMELA LECLAIR 4/10/95 407-833-7176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018040