2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2005
Secretary of State

DOCUMENT# N00000004860

Entity Name: CRITICAL INCIDENT STRESS MANAGEMENT TEAM OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

20 S MILITARY TRAIL
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

P O BOX 15285
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 65-1030943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWES, CHRISTOPHER T
20 S MILITARY TRAIL
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOWES, CHRISTOPHER T
Address: PO BOX 15285
City-St-Zip: WEST PALM BEACH, FL 33416

Title: MT ( ) Delete
Name: MITCHELL, DARRYL A
Address: PO BOX 15285
City-St-Zip: WEST PALM BEACH, FL 33416

Title: D ( ) Delete
Name: DILL, STEPHANIE
Address: PO BOX 15285
City-St-Zip: WEST PALM BEACH, FL 33416

Title: DS ( ) Delete
Name: CUNNINGHAM, CHRISTINE
Address: PO BOX 15285
City-St-Zip: WEST PALM BEACH, FL 33416

Title: D ( ) Delete
Name: CUMMIMGS, JIM T
Address: PO BOX 15285
City-St-Zip: WEST PALM BEACH, FL 33416

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRYL A. MITCHELL MT 05/30/2005

Electronic Signature of Signing Officer or Director — Date