

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004860

FILED  
May 23, 2007  
Secretary of State

**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:**

SALUSTRI, DAVID C  
20 S MILITARY TRAIL  
WEST PALM BEACH, FL 33415      US

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: CHRISTINE A CUNNINGHAM

05/23/2007

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: 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: CUMMINGS, JIM T  
Address: PO BOX 15285  
City-St-Zip: WEST PALM BEACH, FL 33416

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: SALUSTRI, DAVID C  
Address: PO BOX 15285  
City-St-Zip: WEST PALM BEACH, FL 33416

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHRISTINE A CUNNINGHAM

DS

05/23/2007

Electronic Signature of Signing Officer or Director

Date