

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90190 021 \*\*\*\*70.00

<b>DOCUMENT # N01000002366</b> 1. Entity Name <b>FEDERATION OF FAMILIES OF PALM BEACH COUNTY, INC.</b>					
Principal Place of Business <b>3333 AVE "I"</b> <b>RIVIERA BEACH, FL 33404</b>			Mailing Address <b>3333 AVE "I"</b> <b>RIVIERA BEACH, FL 33404</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number <b>52-2313668</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
<b>6. Name and Address of Current Registered Agent</b> <b>HOLLAND, JACQUELINE</b> <del>6223 16TH WAY S.</del> <b>5903 Mango Rd.</b> <del>WEST PALM BEACH, FL 33415</del> <b>West Palm Beach, FL 33415</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>04-29-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JENKINS, VEREE C</b> <b>12288 HAMLIN BLVD</b> <b>WEST PALM BEACH, FL 33412</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Holland, Jacqueline</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5903 Mango Rd.</b> <b>West Palm Beach, FL 33415</b> <b>secretary</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERNDON, LARRY</b> <b>210 GATE PLACE</b> <b>WEST PALM BEACH, FL 33409</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bernice Davis</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>700 W 5th St.</b> <b>Riviera Beach, FL 33404</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JENKINS, EDDIE</b> <b>1133 W 26TH COURT</b> <b>RIVIERA BEACH, FL 33404</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Debra Barrett</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>360 16th Way</b> <b>Riviera Beach, FL 33404</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>STRICKLAND, MILTON</b> <b>163 W 24TH STREET</b> <b>RIVIERA BEACH, FL 33404</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gregory Bonner</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1029 S. H. Street</b> <b>Lake Worth, FL 33460</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JACKSON, JEFFREY LT.</b> <b>1108 CENTER STONE LANE</b> <b>WEST PALM BEACH, FL 33404</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Seretha George</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6041 10th Avenue N, #227</b> <b>Greenacres, FL 33463</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>THOMAS, JAMES</b> <b>9121 D. SOUTHWEST 20TH ST</b> <b>BOCA RATON, FL 33428</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/29/08</b>		Daytime Phone # <b>561 863-9848</b>