

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007078

FILED
Jun 01, 2004
Secretary of State

Entity Name: DIVORCE SUPPORT CENTER, INC.

Current Principal Place of Business:

100 VILLAGE SQUARE CROSSING, STE. 205
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

100 VILLAGE SQUARE CROSSING, STE. 205
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 14-1846797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCARTHY, MARY E
222 LAKEVIEW AVE STE 1000
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

MCCARTHY, MARY E
625 N FLAGLER
SUITE 401
WEST PALM BEACH, FL 33401 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:

06/01/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HESTER, COLEEN
Address: 100 VILLAGE SQUARE CROSSING, STE. 205
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: DILL, STEPHANIE
Address: 100 VILLAGE SQUARE CROSSING, STE. 205
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D (X) Delete
Name: MCCARTHY, MARY E
Address: 650 N. FLAGLER DR., STE. 700
City-St-Zip: WEST PALM BEACH, FL 33401

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:

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: STEPHANIE A. DILL

D

06/01/2004

Electronic Signature of Signing Officer or Director

Date