

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90020 019 ****61.25

DOCUMENT # N03000010879

1. Entity Name



VOICES FOR CHILDREN OF PALM BEACH COUNTY,
INC.

Principal Place of Business

Mailing Address

PO BOX 3254
W PALM BCH FL 33402-3254

PO BOX 3254
W PALM BCH FL 33402-3254

2. Principal Place of Business - No P.O. Box #

P.O. Box 198

3. Mailing Address

P.O. Box 198

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33402

Country

Zip

33402

Country

4. FEI Number

61-1465196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

MILLIGAN, ALPHONSO S. ESQUIRE
2580 METROCENTRE BLVD STE 6
W PALM BCH FL 33407

7. Name and Address of New Registered Agent

Name

CYNTHIA A. LOFTUS, CPA

Street Address (P.O. Box Number is Not Acceptable)

1555 PALM BEACH LAKES BLVD #1400

City

WEST PALM BEACH

FL

Zip Code

33401

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

Cynthia A. Loftus CPA

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME HARDY, DIANE BRENNER
STREET ADDRESS 2000 PGA BLVD STE 3110
CITY-ST-ZIP PALM BCH GARDENS FL 33408

TITLE D ☐ Delete
NAME TRAUB, JUDY
STREET ADDRESS 4860 EXETER ESTATES LN
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D ☒ Delete
NAME MILLIGAN, ALPHONSO S
STREET ADDRESS PO BOX 3254
CITY-ST-ZIP W PALM BCH FL 33402-3254

TITLE D ☒ Delete
NAME PALACINO-CHONG, JOANN
STREET ADDRESS 9955 WEST GLADES ROAD
CITY-ST-ZIP BOCA RATON FL 33434

TITLE D ☐ Delete
NAME ROMOSER, BARRY
STREET ADDRESS 205 NORTH DIXIE HWY, RM 5, 1130
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Delete ☒ ADD
NAME BY DIRECTOR CYNTHIA A. Loftus
STREET ADDRESS 9555 WEST GLADES ROAD
CITY-ST-ZIP BOCA RATON FL 33434

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☐ Change ☒ Addition
NAME EVIN DALY
STREET ADDRESS 12328 ROCKWELL WAY
CITY-ST-ZIP BOCA RATON FL 33428

TITLE VP ☒ Change ☐ Addition
NAME JUDY TRAUB
STREET ADDRESS 4860 EXETER ESTATES LN
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE TREASURER ☐ Change ☒ Addition
NAME CYNTHIA LOFTUS
STREET ADDRESS 1555 PALM BEACH LAKES BLVD #1400
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE JADET SECRETARY ☐ Change ☒ Addition
NAME JANET HARRIS LANGE
STREET ADDRESS H:4 OLD FENCE ROAD
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE DIRECTOR ☐ Change ☒ Addition
NAME SAMANTHA FEUER
STREET ADDRESS 801 FOREST HILL BOULEVARD
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE DIRECTOR ☐ Change ☒ Addition
NAME CHRISTIAN BOSWELL
STREET ADDRESS 6700 BROKEN SOUND PARKWAY #100
CITY-ST-ZIP BOCA RATON FL 33487

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cynthia A. Loftus CPA

CYNTHIA A. LOFTUS 4/29/07 561-682-1618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #