2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N04792

Entity Name: HANLEY CENTER, INC.

Current Principal Place of Business:

5200 EAST AVENUE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

933 45TH STREET
WEST PALM BEACH, FL 33407

Current Mailing Address:

5200 EAST AVENUE
WEST PALM BEACH, FL 33407

New Mailing Address:

933 45TH STREET
WEST PALM BEACH, FL 33407

FEI Number: 59-2500657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, TERRY
5200 EAST AVENUE
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

KRANTZ, BARBARA A
933 45TH STREET
WEST PALM BEACH, FL 33407 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: BARBARA A. KRANTZ 04/28/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: CARP, MICHAEL T
Address: 1495 FOREST HILL BLVD., SUITE A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD ( ) Delete
Name: MYERS, JAMES
Address: 1249 BREAKERS WEST BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete
Name: HANLEY, JOHN W SR
Address: 600 ST. ANNE'S LANE
City-St-Zip: VERO BEACH, FL 32967

Title: D ( ) Delete
Name: HANLEY, MICHAEL J
Address: 3280 NORTHSIDE PARKWAY, NW, APT. 113
City-St-Zip: ATLANTA, GA 30327

Title: D ( ) Delete
Name: HANLEY, MARY JANE
Address: 600 ST. ANNE'S LANE
City-St-Zip: VERO BEACH, FL 32967

Title: CD ( ) Delete
Name: ROSSIN, THOMAS E
Address: 400 AUSTRALIAN AVENUE, SUITE 800
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:

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 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: THOMAS E. ROSSIN CD 04/28/2008
Electronic Signature of Signing Officer or Director Date