

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14635 (9)

1. Corporation Name

THE MOTHERS CENTER OF DELRAY BEACH INC.



Principal Place of Business

3105 CANTERBURY DRIVE
PO BOX 811678
BOCA RATON FL 33481-8678

Mailing Address

3105 CANTERBURY DRIVE
PO BOX 811678
BOCA RATON FL 33481-8678

3. Date incorporated or Qualified
05/01/1986

3a. Date of Last Report
04/25/1995

2. Principal Place of Business **450 NW 16th St**

2a. Mailing Address **450 NW 16th St**

21 **PO Box 811678**

26 **PO Box 811678**

4. FEI Number
59-2796116

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
Boca Raton, FL

28 City & State
Boca Raton, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33432** Country **USA**

29 Zip **33432** Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOLBERT, VALERIE
3105 CANTERBURY DRIVE
BOCA RATON FL 33434

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

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

(NOTE: Registered Agent's signature required when re-installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **YOCHUM, LORITA S.**
STREET ADDRESS **17688 FOXWOOD WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ DELETE
NAME **BLICKLE, LAURA**
STREET ADDRESS **22111 SERENATA CIRCLE WEST**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ DELETE
NAME **SENTOCHNIK, ZOE**
STREET ADDRESS **8559 DYNASTY DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition
12 NAME **PD Beauchamp, Cristeena L**
13 STREET ADDRESS **450 NW 16th St.**
14 CITY-ST-ZIP **Boca Raton, FL 33432**

21 TITLE ☐ Change ☒ Addition
22 NAME **Brady, Stacie**
23 STREET ADDRESS **20258 Monteverde Circle**
24 CITY-ST-ZIP **Boca Raton, FL 33498**

31 TITLE ☐ Change ☒ Addition
32 NAME **TD McKillip, Jean**
33 STREET ADDRESS **4155 NW 58th Lane**
34 CITY-ST-ZIP **Boca Raton, FL 33496**

41 TITLE ☐ Change ☒ Addition
42 NAME **SD Suzanne Technow**
43 STREET ADDRESS **11214 Coral Key Drive**
44 CITY-ST-ZIP **Boca Raton, FL 33498**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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5-21-96

DEB

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Cristeena L Beauchamp**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 (407) 368-7738
Date Daytime Phone #

CR2E037 (12/95)