# 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 # **N31845** **(3)**

1. Corporation Name

**FOUNDATION FOR THE CENTER FOR FAMILY SERVICES, I NC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O R. EDWIN REED. JR.<br>2405 MERCER AVE.. SUITE 10<br>WEST PALM BEACH FL 33401 | C/O R. EDWIN REED. JR.<br>2405 MERCER AVE.. SUITE 10<br>WEST PALM BEACH FL 33401 |

| | |
|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

3. Date Incorporated or Qualified: **04/21/1989**
3a. Date of Last Report: **04/06/1995**
4. FEI Number: **65-0154616** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
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 |
|---|---|
| REED, R. EDWIN JR.<br>2405 MERCER AVE., SUITE 10<br>WEST PALM BEACH FL 33401-7996 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 R. Edwin Reed, Jr. R. Edwin Reed, Jr. 1/25/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | STD | ☐ DELETE | 1.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | REED, R. EDWIN JR. | | 1.2 NAME | | |
| STREET ADDRESS | 2405 MERCER AVE, STE 10 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | W PALM BCH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | D/T | ☐ Change ☑ Addition |
| NAME | ECEACHERN, WILLIAM E | | 2.2 NAME | Thomas Joyce | |
| STREET ADDRESS | 222 LAKEVIEW AVE, 4TH FLOOR | | 2.3 STREET ADDRESS | 77 E. Camino Real | |
| CITY-ST-ZIP | W PALM BCH FL | | 2.4 CITY-ST-ZIP | Boca Raton, FL 33432 | |
| TITLE | VPD | ☑ DELETE | 3.1 TITLE | D/T | ☐ Change ☑ Addition |
| NAME | HOUGH, JOHN | | 3.2 NAME | Lauren Ochart | |
| STREET ADDRESS | 777 S FLAGLER DR | | 3.3 STREET ADDRESS | 324 Royal Palm Way | |
| CITY-ST-ZIP | W PALM BCH FL | | 3.4 CITY-ST-ZIP | Palm Beach, FL 33480 | |
| TITLE | D | ☑ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WEISS, FREDERICK | | 4.2 NAME | | |
| STREET ADDRESS | 1901 SE RANCH RD. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JUPITER FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (12/95)

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:** R. Edwin Reed, Jr. R. Edwin Reed, Jr. 1/25/96 (407)655-6247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #