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NONPROFIT CORPORATION ANNUAL REPORT
1997

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. 2405 MERCER AVE.. SUITE 10 WEST PALM BEACH FL 33401	C/O R. EDWIN REED. JR. 2405 MERCER AVE.. SUITE 10 WEST PALM BEACH FL 33401-7439

3. Date Incorporated or Qualified: 04/21/1989
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 471 Spencer Drive
City & State: 23 West Palm Beach, FL
Zip: 24 33409 Country: 25 Palm Beach

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 471 Spencer Drive
City & State: 28 West Palm Beach, FL
Zip: 29 33409 Country: 30 Palm Beach

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

REED, R. EDWIN JR.
2405 MERCER AVE., SUITE 10
WEST PALM BEACH FL 33401-7996

10. Name and Address of New Registered Agent

81 Name: David M. Gersh, Ph.D.
82 Street Address (P.O. Box Number is Not Acceptable): 471 Spencer Drive
83
84 City: West Palm Beach **FL** 85 Zip Code: 33409

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: David M. Gersh 5/15/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D REED, R. EDWIN JR. 2405 MERCER AVE, STE 10 W PALM BCH FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ECEACHERN, WILLIAM E 222 LAKEVIEW AVE, 4TH FLOOR W PALM BCH FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT O OCHART, LAUREN 324 ROYAL PALM WAY PALM BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, JOYCE 77 E CAMINO REALE BOCA RATON FL	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~David M. Gersh, Ph.D.~~	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D David M. Gersh, Ph.D. 471 Spencer Drive West Palm Beach, FL 33409	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David M. Gersh David M. Gersh 5/15/97 (561) 616-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038142