


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31845 (3)
1. Corporation Name
FOUNDATION FOR THE CENTER FOR FAMILY SERVICES, I NC.



Principal Place of Business 471 SPENCER DR 2405 MERCER AVE. SUITE 10 WEST PALM BEACH FL 33409 US	Mailing Address 471 SPENCER DR 2405 MERCER AVE. SUITE 10 WEST PALM BEACH FL 33409 US
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3. Date Incorporated or Qualified 04/21/1989		
4. FEI Number 65-0154616	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 471 SPENCER DRIVE	2a. Mailing Address 26 471 SPENCER DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WEST PALM BCH, FL	City & State 26 WEST PALM BCH, FL
Zip 24 33409	Country 25 USA
Zip 29 33409	Country 30 USA

9. Name and Address of Current Registered Agent GERSH, DAVID M PHD 471 SPENCER DR WEST PALM BEACH FL 33409		81 Name VACCA, DAVID
		82 Street Address (P.O. Box Number is Not Acceptable) 471 SPENCER DR
		83
		84 City WEST PALM BEACH FL
		85 Zip Code 33409

10. Name and Address of New Registered Agent	
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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 VACCA DATE 4/30/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	GERSH, DAVID M PHD <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	471 SPENCER DR	1.2 NAME
STREET ADDRESS	W PALM BCH FL	1.3 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE	DT O <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCHART, LAUREN	2.2 NAME
STREET ADDRESS	324 ROYAL PALM WAY	2.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JOYCE	3.2 NAME
STREET ADDRESS	77 E CAMINO REALE	3.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME VACCA, DAVID
STREET ADDRESS		4.3 STREET ADDRESS 471 SPENCER DR
CITY-ST-ZIP		4.4 CITY-ST-ZIP WEST PALM BCH FL 33409
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I 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: [Signature] DATE: 4/30/98 561-616-1261

CR2E087 (10/97)