

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90009 013 \*\*\*\*70.00

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**DOCUMENT # N31845**

1. Corporation Name

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

Principal Place of Business

471 SPENCER DR  
WEST PALM BEACH FL 33409  
US

Mailing Address

471 SPENCER DR  
WEST PALM BEACH FL 33409  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/21/1989

4. FEI Number

65-0154616

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

VACCA, DAVID  
471 SPENCER DR  
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name **LESLIE, DORLA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**471 SPENCER DR.**  
83  
84 City **WEST PALM BCH** 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

*Dorla Leslie - DORLA LESLIE*

3-18-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D.** ☒ DELETE  
NAME **VACCA, DAVID**  
STREET ADDRESS **471 SPENCER DR**  
CITY-ST-ZIP **W PALM BCH FL 33409**

TITLE **DT O** ☐ DELETE  
NAME **OCHART, LAUREN**  
STREET ADDRESS **324 ROYAL PALM WAY**  
CITY-ST-ZIP **PALM BEACH FL**

TITLE **D** ☐ DELETE  
NAME **THOMAS, JOYCE**  
STREET ADDRESS **77 E CAMINO REALE**  
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

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **LESLIE, DORLA**  
1.3 STREET ADDRESS **471 SPENCER DR.**  
1.4 CITY-ST-ZIP **W. PALM BCH, FL 33409**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

3/18/99 561-616-264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)