



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90223 050 ****70.00

DOCUMENT # N31845 1. Entity Name FOUNDATION FOR THE CENTER FOR FAMILY SERVICES, INC.					
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 - No P.O. Box # 471 Spencer Dr.		3. Mailing Address 471 Spencer Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04032007 Chg-NP CR2E037 (12/06)	
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number 65-0154616	
Zip 33409		Country Palm Beach		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LESLIE, DORLA 471 SPENCER DRIVE WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name Leslie, Dorla Street Address (P.O. Box Number is Not Acceptable) 471 Spencer Dr. City West Palm Beach FL Zip Code 33405			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, RICHARD G 800 BRICKELL AVE, SUITE 300 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEAMER, KATHY 1675 PALM BEACH LAKES, SUITE 700 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Beamer, Kathryn M. 11811 US Highway One Suite 102 North Palm Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYURA, PATRICIA 169 SEAVIEW PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESLIE, DORLA 471 SPENCER DR. WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leslie, Dorla 471 Spencer Dr. West Palm Beach, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Dorla Leslie</u> Dorla Leslie <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>4/24/07</u> Daytime Phone # <u>561-616-1264</u>					