2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N31845

Entity Name: FOUNDATION FOR THE CENTER FOR FAMILY SERVICES, INC.

Current Principal Place of Business:

4101 PARKER AVE.
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

4101 PARKER AVE.
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: 65-0154616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LESLIE, DORIA
4101 PARKER AVE.
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JACKSON, RICHARD G
Address: 800 BRICKELL AVE, SUITE 300
City-St-Zip: MIAMI, FL 33131

Title: DP ( ) Delete
Name: BEAMER, KATHRYN M
Address: 11811 US HIGHWAY ONE SUITE 102
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Delete
Name: MYURA, PATRICIA
Address: 169 SEAVIEW
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: LESLIE, DORLA
Address: 471 SPENCER DR.
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORLA LESLIE D 04/14/2009

Electronic Signature of Signing Officer or Director — Date