FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:15

DOCUMENT # N46357 (2)

1. Corporation Name

PALM BEACH COUNTY DIVISION OF ASSAULT ON ILLITER ACY PROGRAM, INC.

Principal Place of Business	Mailing Address
1358 6TH ST WEST PALM BEACH FL 33401	1358 6TH ST WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1991
3a. Date of Last Report: 01/21/1994
4. FEI Number: 65-0347889 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MUNNINGS, ELIZABETH S.
1358 6TH ST
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HIGHSMITH, BERTHA	1.2 NAME	BECTON,CINTHIA	
STREET ADDRESS	4109 WAVERLY DR	1.3 STREET ADDRESS	500 W. 24th Street	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	MOORE, ERNESTINE	2.2 NAME	LEONARD, WARRIE	
STREET ADDRESS	809 21ST ST	2.3 STREET ADDRESS	1906 W. 23rd ST	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, MARGARET	3.2 NAME		
STREET ADDRESS	1521 6TH ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	MUNNINGS, ELIZABETH	4.2 NAME	WYLY, BARBARA	
STREET ADDRESS	1358 6TH ST	4.3 STREET ADDRESS	1550-13th ST. W.	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GARRETT, GLENDA	5.2 NAME	MUNNINGS, ELIZABETH	
STREET ADDRESS	1532 40TH ST	5.3 STREET ADDRESS	1358-6th ST	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	FERGUSON, GWENDOLYN	6.2 NAME	HIGHSMITH, BERTHA	
STREET ADDRESS	P.O. BOX 3531	6.3 STREET ADDRESS	4109 WAVERLY DR	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ELIZABETH MUNNINGS Elizabeth Munnings 1/26/95 (407) 832-2548
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0010886