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FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**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 33401-3128**3. Date Incorporated or Qualified
12/09/19913a. Date of Last Report
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt #, etc.

Suite, Apt #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HIGHSMITH, BERTHA	
STREET ADDRESS	4109 WAVERLY DR	
CITY-ST-ZIP	WEST PALM BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BECTION, CINTHIA	
STREET ADDRESS	500 W. 24TH STREET	
CITY-ST-ZIP	RIVERA BEACH FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, MARGARET	
STREET ADDRESS	1521 6TH ST	
CITY-ST-ZIP	WEST PALM BEACH FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEONARD, WARRIE	
STREET ADDRESS	1906 W. 23RD ST	
CITY-ST-ZIP	RIVERA BEACH FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNNINGS, ELIZABETH	
STREET ADDRESS	1550-13TH ST. W.	
CITY-ST-ZIP	RIVERA BEACH FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	WYLY, BARBARA	
STREET ADDRESS	1550-13TH ST. W.	
CITY-ST-ZIP	RIVERA BEACH FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:

Elizabeth Munnings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97
Date**(561)832-2548**Daytime Phone # **0038256**

CR2E037 (9/96)