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 20 AM 11:25

DOCUMENT # N93000000002 (6)

1. Corporation Name

FOSTER CARE CITIZEN REVIEW OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
PALM BEACH COUNTY COURTHOUSE 300 N DIXIE HIGHWAY, SUITE 107 WEST PALM BEACH FL 33401	PALM BEACH COUNTY COURTHOUSE 300 N DIXIE HIGHWAY, SUITE 107 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1993
3a. Date of Last Report: 03/22/1994
4. FEI Number: 65-0383342 — ☐ Applied For ☐ Not Applicable
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

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

9. Name and Address of Current Registered Agent

VILCHEZ, VICTORIA A
1601 BELVEDERE ROAD
SUITE 209 SOUTH SERVICO CENTRE
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name: Mary Lavalle
82 Street Address (P.O. Box Number is Not Acceptable): Jr. League 110 S.W. 11th. St.
83 Boca Raton
84 City: FL 85 Zip Code: 33486

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mary C. Lavalle President DATE: 2.95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD President	1.1 TITLE	Executive Director ☐ Change ☒ Addition
NAME	LAVALLE, MARY	1.2 NAME	Kathy Carter
STREET ADDRESS	JUNIOR LEAGUE OF BOCA RATON 110 SW 11TH	1.3 STREET ADDRESS	300 N. Dixie Hwy. 107
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	WPB, FL 33401
TITLE	VD Vice President	2.1 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, BRUCE	2.2 NAME	
STREET ADDRESS	585 NW 15TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	SD Secretary	3.1 TITLE	☐ Change ☐ Addition
NAME	KERN, CAROL	3.2 NAME	
STREET ADDRESS	300 N DIXIE HWY D & D CENTRE	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	TD Treasurer	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, LYNDA	4.2 NAME	
STREET ADDRESS	300 N DIXIE HWY D & D CENTRE	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Amy Smith ☒ Change ☐ Addition
NAME	BULLARD, JULIA	5.2 NAME	Walton Lantaff Schroeder & Carson
STREET ADDRESS	1220 15TH ST	5.3 STREET ADDRESS	1645 Palm Beach Lakes Blvd, 5th. Floor
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	W.P.B., FL 33401
TITLE	D Board Member	6.1 TITLE	☐ Change ☐ Addition
NAME	BERTISCH, ROBERT E	6.2 NAME	
STREET ADDRESS	423 FERN, ROOM 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	6.4 CITY-ST-ZIP	

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: Kathy Carter Exec. Dir. 1.27.95 1407 3552811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
Kathy Carter

6010683

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 3, 1995

FOSTER CARE CITIZEN REVIEW OF PALM BEACH COUNTY, INC.
PALM BEACH COUNTY COURTHOUSE
300 N DIXIE HIGHWAY, SUITE 107
WEST PALM BEACH, FL 33401

SUBJECT: FOSTER CARE CITIZEN REVIEW OF PALM BEACH COUNTY, INC.
Ref. Number: N93000000002

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

The new registered agent must sign in block 11. ✓

List the title(s) of each officer/director that is listed in block 12, block 13 or on the attachment. ✓

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Kathy Hyman
ANNUAL_REPORT Section

Letter number: 295A00004697