

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

400001787874
-04/21/96--01003--032
***61.25

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

3. Date Incorporated or Qualified

01/04/1993

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Palm Beach County Courthouse
Suite, Apt. #, etc.

26 Palm Beach County Courthouse
Suite, Apt. #, etc.

4. FEI Number

65-0383342

Applied For

Not Applicable

22 205 N. Dixie Hwy, Ste 2.210
City & State

27 205 N. Dixie Hwy, Ste 2.210
City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 West Palm Beach, FL 33401

28 West Palm Beach, FL 33401

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 33401
Country

29 33401
Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

* LAVALLE, MARY
* 110 SW 11 STREET
BOCA RATON FL 33486

81 Name

Hughes, Claudia

82 Street Address (P.O. Box Number is Not Acceptable)

400 Executive Center Drive

83 Suite

Suite 207

84 City

West Palm Beach,

FL

85 Zip Code

33401

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

Claudia E. Hughes, Pres.

4/4/96

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME LAVALLE, MARY
STREET ADDRESS JUNIOR LEAGUE OF BOCA RATON 110 SW 11TH
CITY-ST-ZIP BOCA RATON FL

11 TITLE President *DIRECTOR* ☒ Change ☐ Addition
12 NAME Hughes, Claudia
13 STREET ADDRESS 400 Executive Center Drive, Ste 207
14 CITY-ST-ZIP West Palm Beach, FL 33401

TITLE VPD ☒ DELETE
NAME MCDONALD, BRUCE
STREET ADDRESS 585 NW 15TH CT
CITY-ST-ZIP BOCA RATON FL

21 TITLE Vice President *DIRECTOR* ☒ Change ☐ Addition
22 NAME Neeson, Debbie
23 STREET ADDRESS SED Network, 1950 Benoist Farms Road
24 CITY-ST-ZIP West Palm Beach, FL 33411-2046

TITLE SD ☒ DELETE
NAME KERN, CAROL
STREET ADDRESS 300 N DIXIE HWY D & D CENTRE
CITY-ST-ZIP W PALM BCH FL

31 TITLE Secretary/Treasurer *DIRECTOR* ☒ Change ☐ Addition
32 NAME Dunay, Mary
33 STREET ADDRESS 2600 North Military Trail, Ste 250
34 CITY-ST-ZIP Boca Raton, FL 33431

TITLE TD ☒ DELETE
NAME BROWN, LYNDA
STREET ADDRESS 300 N DIXIE HWY D & D CENTRE
CITY-ST-ZIP W PALM BCH FL

41 TITLE Board Member *DIRECTOR* ☐ Change ☒ Addition
42 NAME Lavalley, Mary
43 STREET ADDRESS 110 S.W. 11th Avenue
44 CITY-ST-ZIP Boca Raton, FL 33486

TITLE D ☐ DELETE
NAME SMITH, ANY
STREET ADDRESS 1645 PALM BEACH LAKES BLVD
CITY-ST-ZIP W PALM BCH FL

51 TITLE Board Member *DIRECTOR* ☐ Change ☒ Addition
52 NAME Resch, Betty
53 STREET ADDRESS 17 North Dixie Highway
54 CITY-ST-ZIP Lake Worth, FL 33460

TITLE D ☒ DELETE
NAME BERTISCH, ROBERT E
STREET ADDRESS 423 FERN, ROOM 200
CITY-ST-ZIP W PALM BCH FL

61 TITLE Board Member ☒ Change ☐ Addition
62 NAME English, Bebe
63 STREET ADDRESS 13857 Wellington Trace, Ste D-3
64 CITY-ST-ZIP West Palm Beach, FL 33414

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)(k), 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:

Bertie Fap

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-355-2091

Daytime Phone

CR2E037 (12/95)