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FILED

Mar 11 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000000002 (6)

1. Corporation Name

FOSTER CARE CITIZEN REVIEW OF PALM BEACH COUNTY,  
INC.

Principal Place of Business

Mailing Address

C/O PALM BEACH COUNTY COURTHOUSES  
205 N. DIXIE HWY. STE 2.2100  
WEST PALM BEACH FL 33401C/O PALM BEACH COUNTY COURTHOUSES  
205 N. DIXIE HWY. STE 2.2100  
WEST PALM BEACH FL 33401-45223. Date Incorporated or Qualified  
01/04/19933a. Date of Last Report  
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number  
65-0383342Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

HUGHES, CLAUDIE  
400 EXECUTIVE CENTER DRIVE  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

Robina English

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

The Prudential, 901 N. Congress Avenue

83 Boynton Beach, FL 33426

84 City

FL 85 Zip Code  
33426

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 reinstating)

DATE

ROBINA R ENGLISH, PRESIDENT 3-7-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HUGHES, CLAUDIA  
STREET ADDRESS 400 EXECUTIVE CENTER DRIVE, STE 207  
CITY-ST-ZIP WEST PALM BEACH FL 33401

DELETE

TITLE VPD  
NAME NEESON, DEBBIE  
STREET ADDRESS 1950 BENOIST FRAMS RD  
CITY-ST-ZIP W PALM BCH FL 33411-2046

DELETE

TITLE STD  
NAME DUNAY, MARY  
STREET ADDRESS 2600 N MILITARY TRAIL, STE 250  
CITY-ST-ZIP BOCA RATON FL 33431

DELETE

TITLE D  
NAME LAVALLE, MARY  
STREET ADDRESS 110 S.W. 11TH AVENUE  
CITY-ST-ZIP BOCA RATON FL 33480

DELETE

TITLE D  
NAME RESCH, BETTY  
STREET ADDRESS 7 NORTH DIXIE HIGHWAY  
CITY-ST-ZIP LAKE WORTH FL 33460

DELETE

TITLE BM  
NAME ENGLISH, BEBE  
STREET ADDRESS 13857 WELLINGTON TRACE, STE D-3  
CITY-ST-ZIP WEST PALM BEACH FL 33414

DELETE

1.1 TITLE PD  
1.2 NAME Robina English  
1.3 STREET ADDRESS 901 N. Congress Ave. Suite 102B  
1.4 CITY-ST-ZIP Boynton Beach, FL 33426

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE BM  
4.2 NAME Toby Chabon  
4.3 STREET ADDRESS 2247 Palm Beach Lakes Blvd.  
4.4 CITY-ST-ZIP W. Palm Beach, FL 33401

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE BM  
6.2 NAME Sharon Johnson Calix  
6.3 STREET ADDRESS 1016 Clearwater Place  
6.4 CITY-ST-ZIP W. Palm Beach, FL 33401

Change Addition

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:

Robina English (Robina English)

2-10-97

Date

Daytime Phone # 0037993

CR2E037 (9/96)