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Jun 01 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 33401

C/O PALM BEACH COUNTY COURTHOUSES
205 N. DIXIE HWY. STE 2.2100
WEST PALM BEACH FL 33401



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/04/1993

4. FEI Number

65-0383342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

ENGLISH, ROBINA
THE PRUDENTIAL
901 N CONGRESS AVENUE
BOYNTON BEACH FL 33426

81

Name

English, Robina

82

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

The Prudential

83

City

631 U.S. Highway 1

84

City

North Palm Beach

FL

85

Zip Code

33408

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)

2/5/98

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☒ DELETE

ENGLISH, ROBINA
901 N CONGRESS AVE., SUITE 102B
BOYNTON BEACH FL

TITLE NAME ☐ DELETE

NEESON, DEBBIE
1950 BENOIST FRAMS RD
W PALM BCH FL 33411-2046

TITLE NAME ☐ DELETE

DUNAY, MARY
2800 N MILITARY TRAIL, STE 250
BOCA RATON FL 33431

TITLE NAME ☒ DELETE

BM
CHABON, TOBY
2247 PALM BEACH LAKES BLVD
WEST PALM BEACH FL

TITLE NAME ☒ DELETE

D
RESCH, BETTY
7 NORTH DIXIE HIGHWAY
LAKE WORTH FL 33460

TITLE NAME ☒ DELETE

BM
ENGLISH, BEBE
13857 WELLINGTON TRACE, STE D-3
WEST PALM BEACH FL 33414

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME English, Robina

1.3 STREET ADDRESS 631 U.S. Highway 1

1.4 CITY - ST - ZIP North Palm Beach, FL 33408 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I 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

3/10/98

CR2E037 (10/97)