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

APPROVED AND FILED
95 FEB 28 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003777 (0)

1. Corporation Name: HOME SAFE OF PALM BEACH COUNTY, INC.
~~CHILDREN'S RESOURCE COUNCIL OF PALM BEACH COUNTY~~
~~INC~~

Principal Place of Business	Mailing Address
401 N DIXIE HWY W PALM BCH. FL 33401-4209	401 N DIXIE HWY W PALM BCH. FL 33401-4209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1993
3a. Date of Last Report: 03/16/1994
4. FEI Number: 65-0443247 ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

ALVAREZ, ELAINE W
7127 W. LAKE DR.
W PALM BCH. FL 33406

10. Name and Address of New Registered Agent

81 Name: Billy R. Riggs
82 Street Address (P.O. Box Number is Not Acceptable): 901 Datura Street
83:
84 City: West Palm Beach FL 85 Zip Code: 33402-4209

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Billy R. Riggs, Co-Chair 1/25/95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC Board Co-Chair	1.1 TITLE	Director ☐ Change ☐ Addition
NAME	ALVAREZ, ELAINE W	1.2 NAME	Montgomery, Robert
STREET ADDRESS	7127 W. LAKE DR.	1.3 STREET ADDRESS	1016 Clearwater Place
CITY-ST-ZIP	W. PALM BCH., FL 33416	1.4 CITY-ST-ZIP	WPB, FL 33402
TITLE	DC Board Vice Chair	2.1 TITLE	Director ☐ Change ☐ Addition
NAME	SERAFIN, ED	2.2 NAME	Ecclestone, Llwyd E, Jr.
STREET ADDRESS	3228 GUN CLUB RD	2.3 STREET ADDRESS	1555 Palm Beach Lakes Suite 1555
CITY-ST-ZIP	E. PALM BCH., FL 33406-3001	2.4 CITY-ST-ZIP	WPB, FL 33409
TITLE	DS	3.1 TITLE	Director ☐ Change ☐ Addition
NAME	~~GRACEY, LOIS~~ Scott Cupp	3.2 NAME	Rooney, Patrick, Jr.
STREET ADDRESS	~~9930 GLADES RD STE D~~ 401 N. Dixie Hwy.	3.3 STREET ADDRESS	222 Lakeview Ave.
CITY-ST-ZIP	~~BOCA RATON FL 33434~~ WPB, FL 33401	3.4 CITY-ST-ZIP	WPB, FL 33402
TITLE	DT	4.1 TITLE	Director ☐ Change ☐ Addition
NAME	OWEN, SANDRA	4.2 NAME	Brooks, William J.
STREET ADDRESS	111 GEORGIA AVE.	4.3 STREET ADDRESS	622 Flagler Dr.
CITY-ST-ZIP	W. PALM BCH., FL 33401	4.4 CITY-ST-ZIP	WPB, FL 33401
TITLE	DC Board Co-Chair	5.1 TITLE	Director ☐ Change ☐ Addition
NAME	~~SEKERAK, BRUCE~~ Riggs, Billy R.	5.2 NAME	Whitt, Kelley
STREET ADDRESS	~~5010 Scott~~ 901 Datura St.	5.3 STREET ADDRESS	840 U.S. Hwy. 1
CITY-ST-ZIP	~~N PALM BCH, FL 33408~~ WPB, FL 33402	5.4 CITY-ST-ZIP	NPB, FL 33408
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	~~CELVIO, KEN~~ Anstis, Jim	6.2 NAME	
STREET ADDRESS	401 N. DIXIE HWY.	6.3 STREET ADDRESS	225 Southern Blvd.
CITY-ST-ZIP	~~W. PALM BCH., FL 33401-2005~~	6.4 CITY-ST-ZIP	33405

3/2

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: Billy R. Riggs 1-25-95 407-837-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
Billy R. Riggs

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