

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004911

FILED
Jan 04, 2010
Secretary of State

Entity Name: CRIPPLED CHILDREN'S SOCIETY AND REHABILITATION CENTER FOR CHILDREN AND ADULTS, INC.

Current Principal Place of Business:

300 ROYAL PALM WAY
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

300 ROYAL PALM WAY
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-0790137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, PAMELA J
300 ROYAL PALM WAY
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

HENDERSON, PAMELA J MRS
300 ROYAL PALM WAY
PALM BEACH, FL 33480 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAMELA J. HENDERSON

01/04/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: WHELTON, JOHN C
Address: 1411 NORTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MR
Name: THOMAS, DAVID J
Address: 1601 FORUM PLACE #801
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MRS
Name: FLANAGAN, CAROL
Address: 369 SOUTH LAKE DRIVE
City-St-Zip: PALM BEACH, FL 33480

Title: MRS
Name: HENDERSON, PAMELA J.
Address: 300 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA J. HENDERSON

MRS

01/04/2010

Electronic Signature of Signing Officer or Director

Date