

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	FLORIDA DEPARTMENT OF STATE  Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N9500004291 (9)**

1. Corporation Name

**ORIENTATION CENTER FOR PREVENTION OF DOMESTIC AS  
SAULT INC.**

Principal Place of Business

5040 G ELMHURST ROAD  
WEST PALM BEACH FL 33417

Mailing Address

5040 G ELMHURST ROAD  
WEST PALM BEACH FL 33417

FILED  
May 20 1997 8:00am  
Secretary of State



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

3. Date Incorporated or Qualified  
**09/06/1995**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**65-0653495**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

**CENTER FOR MINORITY HUMAN SVS. PROVIDER  
301 BROADWAY STE 300  
RIVERIA BEACH FL 33404**

81. Name

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

83.

84. City

**FL** 85. Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<b>1. TITLE</b>	<b>2. NAME</b>	<b>3.1 TITLE</b> <b>4.1 TITLE</b> <b>5.1 TITLE</b> <b>6.1 TITLE</b>
<b>NAME</b>	<b>3.2 NAME</b> <b>4.2 NAME</b> <b>5.2 NAME</b> <b>6.2 NAME</b>	<b>4.2 NAME</b> <b>5.2 NAME</b> <b>6.2 NAME</b>
<b>STREET ADDRESS</b>	<b>3.3 STREET ADDRESS</b> <b>4.3 STREET ADDRESS</b> <b>5.3 STREET ADDRESS</b> <b>6.3 STREET ADDRESS</b>	<b>4.3 STREET ADDRESS</b> <b>5.3 STREET ADDRESS</b> <b>6.3 STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>3.4 CITY-ST-ZIP</b> <b>4.4 CITY-ST-ZIP</b> <b>5.4 CITY-ST-ZIP</b> <b>6.4 CITY-ST-ZIP</b>	<b>4.4 CITY-ST-ZIP</b> <b>5.4 CITY-ST-ZIP</b> <b>6.4 CITY-ST-ZIP</b>
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<b>NAME</b>	<b>3.2 NAME</b> <b>4.2 NAME</b> <b>5.2 NAME</b> <b>6.2 NAME</b>	<b>4.2 NAME</b> <b>5.2 NAME</b> <b>6.2 NAME</b>
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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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-97

Date

Daytime Phone # 0076711

CR2E037 (96)