

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N95000004291 (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**

3. Date Incorporated or Qualified

09/06/1995

3a. Date of Last Report

05/01/1996

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

10. Name and Address of New 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

| | | |
|----------------|---------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | TORRES, FIDEL | |
| STREET ADDRESS | 1305 PINES LANE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33415 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | NUNEZ, VICTORIA | |
| STREET ADDRESS | 524 MAYFLOWER ROAD | |
| CITY-ST-ZIP | W.P.B. FL 33405 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | TORRES, CONSUELO C | |
| STREET ADDRESS | 1305 PINES LANE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33415 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------------|--|
| 1.1 TITLE | CAROLINA GONZALEZ | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 3915 S. FLAGLER DR 104 | |
| 1.3 STREET ADDRESS | W P B FL 33405 | |
| 1.4 CITY-ST-ZIP | W P B FL 33405 | |
| 2.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | HILDA BERNAL | |
| 2.3 STREET ADDRESS | 1909A DREXEL RD W.P.B. | |
| 2.4 CITY-ST-ZIP | FL 33417 | |
| 3.1 TITLE | ROBERTO F. AMAYA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | T.D. - (MORTIMER) | |
| 3.3 STREET ADDRESS | 4302 WOODSTOCK DR. | |
| 3.4 CITY-ST-ZIP | W.P.B. FL 33409 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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: *[Signature]* SIGNATURE REQUIRED

4-20-97

Date

Daytime Phone # 0078711

CF2E037 (9/96)