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FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

Mailing Address

5040 G ELMHURST ROAD
WEST PALM BEACH FL 33417

5040 G ELMHURST ROAD
WEST PALM BEACH FL 33417



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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GONZALEZ, CAROLINA
STREET ADDRESS 3915 S. FLAGLER DR., 104
CITY-ST-ZIP WEST PALM BEACH FL
☒ DELETE

1.1 TITLE D
1.2 NAME Jose A. Rivera
1.3 STREET ADDRESS 5796 Aurora Ct. LW, Fl 33463
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE SD
NAME BERNAL, HILDA
STREET ADDRESS 1409 DREXEL RD. W.
CITY-ST-ZIP W.P.B. FL
☒ DELETE

2.1 TITLE SD
2.2 NAME Victoria Morris
2.3 STREET ADDRESS 346 Gulls Nest
2.4 CITY-ST-ZIP RPB, FL 33411
☐ Change ☐ Addition

TITLE TD
NAME AMIEVA, ROBERTO
STREET ADDRESS 4302 WOODSTOCK DR.
CITY-ST-ZIP WEST PALM BEACH FL
☒ DELETE

3.1 TITLE TD
3.2 NAME Maribel Melendez
3.3 STREET ADDRESS 7540 U.S. Hwy. One Lantana,
3.4 CITY-ST-ZIP Fl 33462
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE D
4.2 NAME Marina Castiblanco
4.3 STREET ADDRESS 5040 G Elmhurst Rd WPB, Fl
4.4 CITY-ST-ZIP 33417
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

1-23-98 561-434-1281

CR2037 (10/97)