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04-21-1999 90122 018 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004291

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/06/1995

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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
NAME RIVERA, JOSE A
STREET ADDRESS 5796 AURORA CT
CITY-ST-ZIP LAKE WALES FL 33463

TITLE SD
NAME MORRIS, VICTORIA
STREET ADDRESS 346 GULLS NEST
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE TD
NAME MELENDEZ, MARIBEL
STREET ADDRESS 7540 US HWY ONE
CITY-ST-ZIP LANTANA FL 33462

TITLE D
NAME CASTIBLANCO, MARINA
STREET ADDRESS 5040 G ELMHURST RD
CITY-ST-ZIP W PALM BEACH FL 33417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Aaelavirgen Valentin
1.3 STREET ADDRESS 178 Sandpiper Ave
1.4 CITY-ST-ZIP Royal Palm Bch FL 33411

2.1 TITLE SD
2.2 NAME Victoria Moxio
2.3 STREET ADDRESS 3600 Broadway
2.4 CITY-ST-ZIP West Palm Bch FL 33402

3.1 TITLE TD
3.2 NAME Hilda Becond
3.3 STREET ADDRESS 409 Drexel Rd.
3.4 CITY-ST-ZIP West Palm Bch, FL 33417

4.1 TITLE D
4.2 NAME castiblanco, Macina
4.3 STREET ADDRESS 50409 Elmhurst Rd
4.4 CITY-ST-ZIP West Palm Bch FL 33417

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

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

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 (501) 840-8443

Date

Daytime Phone #

CR2E037 (1/1/98)