

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004291

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** ORIENTATION CENTER FOR PREVENTION OF DOMESTIC ASSAULT INC.

**Current Principal Place of Business:**

5040 G ELMHURST ROAD  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

5040 G ELMHURST ROAD  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

FEI Number: 65-0653495      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SALGADO, MELISSA  
Address: 901 PALM BEACH TEACE DR.  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: SD  
Name: PINO, BELLANIRA  
Address: 5161 PRAIRIE DUNES VILLAGE CIR  
City-St-Zip: LAKE WORTH, FL 33463

Title: D  
Name: CASTIBLANCO, MARINA  
Address: 5040 G ELMHURST RD  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: TD  
Name: DALIA, VILLA  
Address: 834 W LAKWOOD ROAD  
City-St-Zip: WEST PAL BEACH, FL 33405

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: MARINA CASTIBLANCO

Electronic Signature of Signing Officer or Director

DIR

02/17/2010

Date