

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002475

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: CHILD PROTECTION TEAM OF PALM BEACH, INC.

**Current Principal Place of Business:**

2840 SIXTH AVE S  
LAKEWORTH, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

2840 SIXTH AVE SOUTH  
LAKE WORTH, FL 33461 US

**New Mailing Address:**

FEI Number: 65-0746922      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KREIDLER, FRANK  
1124 S FEDERAL HWY  
LAKE WORTH, FL 33460 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: PD ( ) Delete  
Name: EASTON, MARK  
Address: 2840 SIXTH AVE SOUTH  
City-St-Zip: LAKE WORTH, FL 33461

Title: VPD ( ) Delete  
Name: GREEN, ADDIE  
Address: 2840 6TH AVE. S.  
City-St-Zip: LAKE WORTH, FL 33461

Title: STD ( ) Delete  
Name: MOONEY, ROBERT  
Address: 2840 6TH AVE. S.  
City-St-Zip: LAKE WORTH, FL 33461

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: FARONI, STEPHEN  
Address: 2840 6TH AVE. S.  
City-St-Zip: LAKE WORTH, FL 33461

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK EASTON

PD

04/18/2007

Electronic Signature of Signing Officer or Director

Date