# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 08, 2007**
**Secretary of State**

DOCUMENT# N99000005904

**Entity Name:** ESEREH YOUTH AND FAMILY CENTER, INC.

**Current Principal Place of Business:**

2200 N. FLORIDA MANGO ROAD
301
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

2200 N. FLORIDA MANGO ROAD
301
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

**FEI Number: 65-0954653** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

LAFALAISE, M. EVELYNE
574 SPRINGDALE CIRCLE
PALM SPRINGS, FL 33461 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: | CEOD | ( ) Delete |
| Name: | LAFALAISE, M. EVELYNE | |
| Address: | 574 SPRINGDALE CIRCLE | |
| City-St-Zip: | PALM SPRINGS, FL 33461 | |
| Title: | CD | ( ) Delete |
| Name: | BOVELL, HENDERSON | |
| Address: | 3536 CHESEPEAKE DRIVE | |
| City-St-Zip: | BOYNTON BEACH, FL 33426 | |
| Title: | VD | ( ) Delete |
| Name: | DELVA, MARC P | |
| Address: | 3280 LAKE WORTH ROAD, #5 | |
| City-St-Zip: | LAKE WORTH, FL 33461 | |
| Title: | TD | ( ) Delete |
| Name: | CHARLES, WOLFF J | |
| Address: | 220 EVERGREEN DRIVE | |
| City-St-Zip: | LAKE PARK, FL 33403 US | |
| Title: | SD | ( ) Delete |
| Name: | CASTLE-HOWARD, CYNTHIA M | |
| Address: | 315 EVERGREEN DRIVE | |
| City-St-Zip: | LAKE PARK, FL 33403 US | |
| Title: | D | (X) Delete |
| Name: | VACCARO, JULIE E | |
| Address: | 4799 PALM BROOK CIR | |
| City-St-Zip: | WEST PALM BEACH, FL 33417 US | |

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

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | SD | (X) Change ( ) Addition |
| Name: | VACCARO, JULIE E | |
| Address: | 6064 SE CROOKED OAK AVENUE | |
| City-St-Zip: | HOBE SOUND, FL 33455 US | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the 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: M. EVELYNE LAFALAISE CEO 02/08/2007

Electronic Signature of Signing Officer or Director — Date