

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704785

**FILED**  
**Apr 19, 2017**  
**Secretary of State**  
**CC2416185451**

**Entity Name:** CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

4101 PARKER AVE.  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

4101 PARKER AVE.  
WEST PALM BEACH, FL 33405 US

**FEI Number: 59-1084179**

**Certificate of Status Desired: No**

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

HILO, KAREN  
4101 PARKER AVE  
WEST PALM BEACH, FL 33405 US

*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: KAREN HILO**

**04/19/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SWANSON, KAREN  
Address 205 VIA TORTUGA  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name POMPEA, TAMERA  
Address 520 BALD EAGLE DR  
City-State-Zip: JUPITER FL 33477

Title DIRECTOR  
Name DALEY, SHARON  
Address 2130 CENTREPARK WEST DRIVE  
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR  
Name WALK, GARY ESQ.  
Address 515 NORTH FLAGLER DRIVE  
20TH FLOOR  
City-State-Zip: WEST PALM BEACH FL 33401

*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: KAREN SWANSON**

**BOARD PRESIDENT**

**04/19/2017**

Electronic Signature of Signing Officer/Director Detail

Date