

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704785

**FILED**  
**Jan 22, 2016**  
**Secretary of State**  
**CC3961168305**

**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: Yes**

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

GREER, JR., THOMAS DR.  
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: DR. THOMAS GREER, JR.**

**01/22/2016**

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 PRESIDENT  
Name QUATTLEBAUM, GREG  
Address 151 CORTEZ  
City-State-Zip: WEST PALM BEACH FL 33405

Title S  
Name TRAVIS, PATTI  
Address 3300 PGA BLVD, 2ND FLOOR  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP  
Name CACCIAGUIDA, ROY DR.  
Address 7780 IRONHORSE BOULEVARD  
City-State-Zip: WEST PALM BEACH FL 33412

Title DT  
Name MULHOLLAND, DAN  
Address 3100 SOUTH OCEAN BLVD  
APT 2045  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name PARKER, MELISSA  
Address 400 N. FLAGLER DR.  
APT 705  
City-State-Zip: WEST PALM BEACH FL 33401

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

Title VC  
Name LARRY , SILVERSTEIN  
Address 211 JUNGLE ROAD  
City-State-Zip: PALM BEACH FL 33480

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*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: GREG QUATTLEBAUM**

**PRESIDENT**

**01/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MOORE, BECKY  
Address 2465 SNOOK TRAIL  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR  
Name PULTZER, JESSIE  
Address 303 BANYAN BLVD  
SUITE 400  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name HARLAN, JAMES  
Address 141 SOUTH COUNTY ROAD  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name HORVATH, GAIL  
Address PNC WEALTH MGMT  
205 DATURA STREET 4TH FLOOR  
City-State-Zip: WEST PALM BEAC FL 33401