

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704785

FILED
Mar 06, 2018
Secretary of State
CC7720984102

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

03/06/2018

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

Title DIRECTOR
Name CANO, JOSE
Address 555 NORTHLAKE BLVD.
City-State-Zip: NORTH PALM BACH FL 33408

Title DIRECTOR
Name VEGA, CLAUDIA
Address 1665 PALM BEACH LAKES BLVD.
BLDG B STE 804
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

DIRECTOR

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date