SIGNATURE:	ELIZABETH ERDMANN

above, or on an attachment with all other like empowered.

4101 PARKER AVE.

Current Mailing Address:

4101 PARKER AVE. WEST PALM BEACH, FL 33405 US

FEI Number: 59-1084179

Name and Address of Current Registered Agent:

HERNANDEZ, BARBARA L 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: BARBARA L. HERNANDEZ

Electronic Signature of Registered Agent

Officer/Director Detail :

	Officer/Director Detail :				
	Title	D	Title	PRESIDENT	
	Name	SWANSON, KAREN	Name	ERDMANN, ELIZABETH	
	Address	205 VIA TORTUGA	Address	1555 PALM BEACH LAKES BLVD, SUITE 750	
	City-State-Zip:	PALM BEACH FL 33480	City-State-Zip:	WEST PALM BEACH FL 33401	
Title Name Address City-State-Zip:	Title	S	Title	VP	
		TRAVIS, PATTI	Name	ROMEAR, RONALD DR.	
	Address	222 LAKEVIEW AVE, SUITE 1600	Address	5205 VILLAGE BOULEVARD	
	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33407		
	Title	VP	Title	DT	
	Name	CACCIAGUIDA, ROY DR.	Name	MULHOLLAND, DAN	
	Address	7780 IRONHORSE BOULEVARD	Address	3100 SOUTH OCEAN BLVD	
	City-State-Zip:	WEST PALM BEACH FL 33412	Address	APT 2045	
	Title	DIRECTOR	City-State-Zip:	PALM BEACH FL 33480	
	Name	LEVINE, RICHARD A	Title	DIRECTOR	
	Address	453 PRESTUICK CIRCLE	Name	PARKER, MELISSA	
	City-State-Zip:	PALM BEACH GARDENS FL 33418	Address	400 N. FLAGLER DR. APT 705	
			City-State-Zip:	WEST PALM BEACH FL 33401	

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 704785

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

Current Principal Place of Business:

WEST PALM BEACH, FL 33405

Certificate of Status Desired: No

10/01/2013

Date

FILED Oct 01, 2013 Secretary of State CC0578103218

10/01/2013 Date

Electronic Signature of Signing Officer/Director Detail

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

PRESIDENT

Continues on page 2

Officer/Director Detail Continued :

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