

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008482

Entity Name: PALM BEACH PHOENIX HOUSE RECOVERY CENTER INC.**Current Principal Place of Business:**4601 S. FLAGLER DR.
WEST PALM BEACH, FL 33405**Current Mailing Address:**4601 S FLAGLER DRIVE
WEST PALM BEACH, FL 33405 US**FEI Number:** 65-1159661**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MORGAN, DEBORAH
4601 S. FLAGLER DR.
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	LIVINGSTON, PATRICK
Address	1512 WINGFOOT STREET
City-State-Zip:	LAKE WORTH FL 33460

Title	DIRECTOR
Name	DELAGARZA, RICARDO
Address	4601 S. FLAGLER DRIVE
City-State-Zip:	WEST PALM BEACH FL 33405

Title	VPD
Name	MORGAN, HOLLY
Address	214 CONNISTON RD
City-State-Zip:	WEST PALM BEACH FL 33405

Title	SECRETARY, TREASURER, DIRECTOR
Name	OWENS, CATHY
Address	6059 CALLE DEL NOVA
City-State-Zip:	WEST PALM BEACH FL 33415

Title	PD
Name	MORGAN, DEBORAH
Address	512 N. STREET
City-State-Zip:	WEST PALM BEACH FL 33401

Title	DIRECTOR
Name	JEAN, SAM
Address	2125 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33137

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: DEBORAH MORGAN**PRESIDENT****03/22/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date