

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000006350

**Entity Name:** FAMILY RESOURCE CENTER OF PALM BEACH COUNTY, INC.**Current Principal Place of Business:**1900 S CONGRESS AVE, STE B  
WEST PALM BEACH, FL 33406**Current Mailing Address:**1900 S CONGRESS AVE, STE B  
WEST PALM BEACH, FL 33406**FEI Number: 84-4391404****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSADO, ELIZABETH  
1201 HATTERAS CIRCLE  
GREENACRES, FL 33413 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 ROSADO, ELIZABETH  
Address 1201 HATTERAS CIRCLE  
City-State-Zip: GREENACRES FL 33413Title D  
Name RIVERA, MARISOL  
Address 126 RIVERA AVENUE  
City-State-Zip: ROYAL PALM BEACH FL 33411Title D  
Name CHAVEZ, IVETTE S  
Address 4367 BROADWAY STREET  
City-State-Zip: LAKE WORTH FL 33461Title D  
Name VALENTIN, C. IVETTE  
Address 1460 FAIRWAY CIRCLE  
City-State-Zip: GREENACRES FL 33413Title D  
Name GONZALEZ, CONSTANCE  
Address 107 SOUTH PALM WAY #1  
City-State-Zip: LAKE WORTH FL 33460

*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: ELIZABETH ROSADO****DIRECTOR****01/20/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date