

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003901

Entity Name: CENTER FOR CHILD COUNSELING, INC.**Current Principal Place of Business:**8895 N. MILITARY TRAIL
SUITE 300C
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**8895 N. MILITARY TRAIL
SUITE 300C
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 65-0932032**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LAYMAN, RENEE
8895 N. MILITARY TRAIL
SUITE 300C
PALM BEACH GARDENS, FL 33410 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	DIRECTOR
Name	LYNCH, BILL
Address	9135 ISABELLA CIR.
City-State-Zip:	PARRISH FL 34219

Title	CHAIRMAN
Name	MILLENDER, EUGENIA
Address	4177 ONEGA CIR.
City-State-Zip:	W. PALM BEACH FL 33409

Title	CEO
Name	LAYMAN, RENEE E
Address	8895 N. MILITARY TRAIL SUITE 300C
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DS, DT
Name	PETRONE, JEFFREY
Address	1400 CENTREPARK BLVD. SUITE
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VC
Name	STEPHENS, EDDIE
Address	400 COLUMBIA DR. SUITE 111
City-State-Zip:	WEST PALM BEACH FL 33409

Title	DIRECTOR
Name	MINTMIRE, PATSY
Address	220 SUNRISE AVE 206
City-State-Zip:	PALM BEACH FL 33480

Title	DIRECTOR
Name	HALEY, MELISSA
Address	450 N. FEDERAL HWY. PH12
City-State-Zip:	BOYNTON BEACH FL 33435

Title	DIRECTOR
Name	CECERE, JESSICA
Address	11568 LANDING PLACE
City-State-Zip:	NORTH PALM BEACH FL 33408

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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: RENEE LAYMAN

CEO

03/10/2025

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PERRY, JUSTIN PHD
Address	5353 PARK SIDE DR. HARRIET L. WILKES HONORS COLLEGE HC134
City-State-Zip:	JUPITER FL 33458