

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005640

FILED
May 08, 2006
Secretary of State

Entity Name: FAMILY SUPPORT SERVICES OF BROWARD COUNTY, INC.

Current Principal Place of Business:

3001 COVE DRIVE
DANIA BEACH, FL 33312 US

New Principal Place of Business:

3001 COVE DRIVE
FT. LAUDERDALE, FL 33312 US

Current Mailing Address:

3001 COVE DRIVE
DANIA BEACH, FL 33312 US

New Mailing Address:

3001 COVE DRIVE
FT. LAUDERDALE, FL 33312 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SOHN, HELENE G
200 SW 27TH AVENUE
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

SOHN, HELENE G
3001 COVE DRIVE
FT. LAUDERDALE, FL 33312 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: HELENE G SOHN

05/08/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P VP () Delete
Name: SOHN, HELENE G
Address: 200 SW 27TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: S T () Delete
Name: SOHN, HELENE G
Address: 200 SW 27TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P VP (X) Change () Addition
Name: SOHN, HELENE G
Address: 3001 COVE DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: S T (X) Change () Addition
Name: SOHN, HELENE G
Address: 3001 COVE DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33312 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HELENE G. SOHN

P

05/08/2006

Electronic Signature of Signing Officer or Director

Date