

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005099

FILED
Jul 05, 2005
Secretary of State

Entity Name: THE FAMILIES' CHARITY OF BROWARD, INC.

Current Principal Place of Business:

6037 KIMBERLY BLVD
N. LAUDERDALE, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

6037 KIMBERLY BLVD
N. LAUDERDALE, FL 33069 US

New Mailing Address:

FEI Number: 65-0445683 **FEI Number Applied For ()** **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:

WOLF, MICHAEL H P.A.
3832 N UNIVERSITY DRIVE
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHNEIDER, ETHEL
Address: 1941 OAKMONT TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VTD () Delete
Name: PETAKOS, CATHY
Address: 10120 NW 6TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: SCHNEIDER, DAVID
Address: 1941 OAKMONT TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: PETAKOS, CATHY
Address: 2031 N.W. 100TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CATHY PETAKOS

VPRE

07/05/2005

Electronic Signature of Signing Officer or Director

Date