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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000904 (2)
1. Corporation Name
MOTHERS AND CHILDREN TOGETHER, INC. OF BROWARD COUNTY

Principal Place of Business
PO BOX 451292
SUNRISE FL 33345-1292

Mailing Address
PO BOX 451292
SUNRISE FL 33345-1292

3. Date Incorporated or Qualified
02/22/1994

3a. Date of Last Report
2/22/94

4. FEI Number
65-0474456

Applied For
 Applied For
 Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25

Country
30

5. Certificate of Status Desired
 \$9.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DAMICO, MARIA
11540 TERRA BELLA BLVD
PLANTATION FL 33325

10. Name and Address of New Registered Agent
B1 Name **STOJACK, STACY**
B2 Street Address (P.O. Box Number is Not Acceptable)
4812 SW 120TH AVENUE
B3
B4 City **COOPER CITY** FL B5 Zip Code **33330**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Stacy Stojack*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	MARIA DAMICO D 11540 TERRA BELLA BLVD PLANTAION, FL 33325	1.1 TITLE P 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	STACY STOJACK D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4812 SW 120TH AVENUE COOPER CITY, FL 33330
TITLE V NAME STREET ADDRESS CITY-ST-ZIP	STACY STOJACK D 4812 SW 120TH AVENUE COOPER CITY, FL 33330	2.1 TITLE V 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP	MEG WESTMORELAND D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5346 REDWOOD ROAD PLANTATION, FL 33317
TITLE S NAME STREET ADDRESS	KARIN LETIZIA D 4330 NW 116 AVENUE SUNRISE, FL 33323	3.1 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karin Letizia* KARIN LETIZIA MARCH 8, 1995 305-748-3721
Signature and typed or printed name of signing officer or director Date (System Name #)