

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Myrtham
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

APPROVED AND FILED
95 MAR 31 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1994
3a. Date of Last Report: 2/22/94

4. FEI Number: 65-0474456
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 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

81 Name: STOJACK, STACY
82 Street Address (P.O. Box Number is Not Acceptable): 4812 SW 120TH AVENUE
83
84 City: COOPER CITY FL 85 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME: MARIA DAMICO STREET ADDRESS: 11540 TERRA BELLA BLVD CITY - ST - ZIP: PLANTATION, FL 33325	D	1.1 TITLE P 1.2 NAME: STACY STOJACK 1.3 STREET ADDRESS: 4812 SW 120TH AVENUE 1.4 CITY - ST - ZIP: COOPER CITY, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME: STACY STOJACK STREET ADDRESS: 4812 SW 120TH AVENUE CITY - ST - ZIP: COOPER CITY, FL 33330	D	2.1 TITLE V 2.2 NAME: MEG WESTMORELAND 2.3 STREET ADDRESS: 5346 REDWOOD ROAD 2.4 CITY - ST - ZIP: PLANTATION, FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME: KARIN LETIZIA STREET ADDRESS: 4330 NW 116 AVENUE SUNRISE, FL 33323	D	3.1 TITLE 3.2 NAME 3.3 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 the report as required by Chapter 017, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 8, 1995 305-748-3721
Date File/In/Trans #