

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: **03/31/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

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**

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

9. Name and Address of Current Registered Agent
STOJACK, STACY
4812 SW 120TH AVENUE
COOPER CITY FL 33330

10. Name and Address of New Registered Agent
81 MEG WESTMORELAND
82 5346 REDWOOD ROAD
83
84 PLANTATION FL 85 33317

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE: *Meg Westmoreland*
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	PD	1.1 TITLE	PD
NAME	STOJACK, STACY	1.2 NAME	WESTMORELAND, MEG
STREET ADDRESS	4812 SW 120TH AVENUE	1.3 STREET ADDRESS	5346 REDWOOD RD
CITY-ST-ZIP	COOPER CITY FL 33330	1.4 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	VD	2.1 TITLE	VD
NAME	WESTMORELAND, MEG	2.2 NAME	LEWIS, RHONDA
STREET ADDRESS	5346 REDWOOD ROAD	2.3 STREET ADDRESS	1206 SW 18TH ST.
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	SD	3.1 TITLE	SD
NAME	LETIZIA, KARIN	3.2 NAME	SLAUGHT, DEBBY
STREET ADDRESS	4330 NW 116 AVENUE	3.3 STREET ADDRESS	1228 FALLS BLVD
CITY-ST-ZIP	SUNRISE FL 33323	3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33327
TITLE		4.1 TITLE	TD
NAME		4.2 NAME	BRECKLER, CHARLOTE
STREET ADDRESS		4.3 STREET ADDRESS	2676 MEADOWOOD CRT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33332
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Meg Westmoreland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/10/96**
Daytime Phone #: **(954) 587-2248**

CR2E037 (12/95)