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May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

PO BOX 451292  
SUNRISE FL 33345-1292

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SUNRISE FL 33345-1292

3. Date Incorporated or Qualified  
02/22/1994

3a. Date of Last Report  
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
65-0474456

Applied For  
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WESTMORELAND, MEG  
5346 REDWOOD ROAD  
PLANTATION FL 33317

81 Name  
Elizabeth G. Bonfig

82 Street Address (P.O. Box Number is Not Acceptable)  
3757 NW 121 Ave.

83

84 City  
Sunrise FL 85 Zip Code  
33323

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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

Elizabeth G. Bonfig

Feb 10, 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME WESTMORELAND, MEG  
STREET ADDRESS 5346 REDWOOD RD  
CITY-ST-ZIP PLANTATION FL

1.1 TITLE P Elizabeth Bonfig PD  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 3757 NW 121 Ave.  
1.4 CITY-ST-ZIP Sunrise, FL 33323

TITLE VD  DELETE  
NAME LEWIS, RHONDA  
STREET ADDRESS 1208 SW 18TH ST  
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE V Amy Edelman VD  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS 16500 Diamond Head Dr.  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33331

TITLE SD  DELETE  
NAME SLAIGHT, DEBBY  
STREET ADDRESS 1228 FALLS BLVD  
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE S Kim Lepp SD  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS 1141 NW 108th Ave.  
3.4 CITY-ST-ZIP Plantation, FL 33322

TITLE TD  DELETE  
NAME BRESSLER, CHARLOTTE  
STREET ADDRESS 2876 MEADOWOOD COURT  
CITY-ST-ZIP FT LAUDERDALE FL

4.1 TITLE T Debbie Howard TD  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS 3171 NW 98th St  
4.4 CITY-ST-ZIP Sunrise, FL 33351

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

Signature of Elizabeth G. Bonfig

Elizabeth G. Bonfig

Feb. 10, 1997

Date

Daytime Phone # 0037753

CR2E037 (9/96)

Sk Dep 6/1-25