

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000904 (2)**  
1. Corporation Name

**MOTHERS AND CHILDREN TOGETHER, INC. OF BROWARD COUNTY**



Principal Place of Business <b>PO BOX 451292 SUNRISE FL 33345-1292</b>	Mailing Address <b>PO BOX 451292 SUNRISE FL 33345-1292</b>
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3. Date Incorporated or Qualified <b>02/22/1994</b>		
4. FEI Number <b>65-0474456</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**BONFIG, ELIZABETH F**  
**3757 NW 121 AVE.**  
**SUNRISE FL 33323**

10. Name and Address of New Registered Agent

81 Name <b>Amy Edelman</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>16500 Diamond Head Dr.</b>	
83	
84 City <b>Ft. Lauderdale</b>	85 Zip Code <b>FL 33331</b>

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 Amy Edelman 2/26/98 Amy Edelman 3/9/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE <b>PD</b>	NAME <b>BONFIG, ELIZABETH</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>3757 NW 121 AVE.</b>	CITY-ST-ZIP <b>SUNRISE FL 33323</b>	
TITLE <b>VD</b>	NAME <b>EDELMAN, AMY</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>16500 DIAMOND HEAD DR.</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33331</b>	
TITLE <b>SD</b>	NAME <b>LEPP, KIM</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>1141 NW 108TH AVE.</b>	CITY-ST-ZIP <b>PLANTATION FL 33322</b>	
TITLE <b>TD</b>	NAME <b>HOWARD, DEBBIE</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>3171 NW 98TH ST</b>	CITY-ST-ZIP <b>SUNRISE FL 33351</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE <del>PD</del>	1.2 NAME <b>Amy Edelman</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS <b>16500 Diamond Head Dr.</b>	1.4 CITY-ST-ZIP <b>Ft. Lauderdale, Fl. 33331</b>		
2.1 TITLE <b>VD</b>	2.2 NAME <b>Donna Van Camp</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS <b>6330 Sherman St.</b>	2.4 CITY-ST-ZIP <b>Hollywood, Fl. 33024</b>		
3.1 TITLE <b>SD</b>	3.2 NAME <b>Nancy Crego</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS <b>1701 Harbour Side Dr.</b>	3.4 CITY-ST-ZIP <b>Weston, Fl. 33326</b>		
4.1 TITLE <b>TD</b>	4.2 NAME <b>Tina Miranda</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS <b>6161 NW 40 St.</b>	4.4 CITY-ST-ZIP <b>Coral Springs, Fl. 33067</b>		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

14. I 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: Amy Edelman, Pres. Mothers & Children Together

CFR2E037 (10/97)