

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90079 029 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N940000000904(2) ✓  
 1. Corporation Name  
MOTHERS AND CHILDREN TOGETHER, INC OF BROWARD COUNTY

Principal Place of Business Mailing Address  
PO Box 451292 PO Box 451292  
SUNRISE, FL 33345-1292 SUNRISE, FL 33345-1292

21	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u>02/22/1994</u>
22	27	4. FEI Number
City & State	City & State	<u>65-0474456</u> ✓
23	28	5. Certificate of Status Desired <input type="checkbox"/>
Zip Country	Zip Country	<b>\$8.75</b> Additional Fee Required
24	29	6. Election Campaign Financing <input type="checkbox"/>
25	30	Trust Fund Contribution <input type="checkbox"/>
		<b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<u>Amy Edelman</u> <u>16500 DIAMOND HEAD DR.</u> <u>FT. LAUDERDALE, FL 33331</u>		81 Name	<u>DENISE SIEGEL</u>
		82 Street Address (P.O. Box Number is Not Acceptable)	<u>3590 NW 95 TERRACE</u>
		83	
		84 City	<u>SUNRISE</u>
		85 Zip Code	<u>FL 33351</u>

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 Denise Siegel 4/23/99  
 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	<u>PRESIDENT</u> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<u>PD</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>AMY EDELMAN</u>	1.2 NAME	<u>DENISE SIEGEL</u>
STREET ADDRESS	<u>16500 DIAMOND HEAD DR.</u>	1.3 STREET ADDRESS	<u>3590 NW 95 TERRACE</u>
CITY-ST-ZIP	<u>FT. LAUDERDALE, FL 33331</u>	1.4 CITY-ST-ZIP	<u>SUNRISE, FL 33351</u>
TITLE	<u>VD</u> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<u>VD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>DONNA VAN CAMP</u>	2.2 NAME	<u>TINA MIRANDA</u>
STREET ADDRESS	<u>6330 SHERMAN ST.</u>	2.3 STREET ADDRESS	<u>6161 NW 40 ST</u>
CITY-ST-ZIP	<u>HOLLYWOOD, FL 33024</u>	2.4 CITY-ST-ZIP	<u>CORAL SPRINGS, FL 33067</u>
TITLE	<u>SD</u> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<u>SD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>NANCY CREGO</u>	3.2 NAME	<u>ADRIANE MITCHELL</u>
STREET ADDRESS	<u>1701 HARBOUR SIDE DR</u>	3.3 STREET ADDRESS	<u>4305 NW 52 ST.</u>
CITY-ST-ZIP	<u>WESTON, FL 33326</u>	3.4 CITY-ST-ZIP	<u>COCONUT CREEK, FL 33073</u>
TITLE	<u>TD</u> <input type="checkbox"/> DELETE	4.1 TITLE	<u>TD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>TINA MIRANDA</u>	4.2 NAME	<u>DEBBIE STERMAN</u>
STREET ADDRESS	<u>6161 NW 40 ST.</u>	4.3 STREET ADDRESS	<u>1367 MEADOWS BLVD</u>
CITY-ST-ZIP	<u>CORAL SPRINGS, FL 33067</u>	4.4 CITY-ST-ZIP	<u>WESTON, FL 33327</u>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Denise Siegel PRESIDENT 4/23/99  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)