2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Aug 22, 2007 8:00 am Secretary of State 08-22-2007 90022 035 ****70.00

| DOCUMENT # N9900000719 | 1 |
|---------------------------------|-----|
| 1. Entity Name | |
| CHILD AND EAMILY CONNECTIONS IN | JO. |



| CHILD A | ™ ND FAMILY CONNECTIONS | s, INC. | | | | | |
|-----------------------------|--|--|---|---|-------------------------------------|-----------------------------------|---------------------------|
| 3333 FORES | e of Business 3T HILL BLVD. BEACH, FL 33406 US | Mailing Address 3333 FOREST HILL BLV WEST PALM BEACH; FL | | 4012 | 29855 | | |
| 2. Principal F | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | |
| | KEECHOBEE RD | SAME AS # | トン | * 100,110,100,100,100,100,100,100,100,100 | PIN | i tanai ilain taisi ila | 1181 81 1881 |
| Suite, Apt, | LOOR-FINANCE | Suite, Apt. #, etc. | | 08132007 Ch | g-NP CR2E | E037 (12/06) | |
| City & Stat | PALM BEACH, FL | City & State | | 4. FEI Number 65-097846 | 7 | · | plied For t Applicable |
| 33409 | Country USA | Zip | Country | 5. Certificate of Sta | tus Desired | \$8.75 Add Fee Required | |
| | 6. Name and Address of Current R | legistered Agent | Name • | | ess of New Registere | d Agent | |
| | IY, JOH N ESTHILL BLVD. LM BEACH, FL 334 06 | | Ko | SCHELLE SS (P.O. Box Number is N OKEECH | ORINCE ot Acceptable) ORIE RD | | |
| | | | City | PALM BER | | L Zip Code | 6 |
| 8. The above the obligat | named entity submits this statement for ions of registered agent. | the purpose of changing its | registered office or regis | | O | | and accept |
| SIGNATURE . | Signature, typed or printed name of registered agont an | od tile # applicable (NOTE | Rocher Registered Agent signature requ | LUE D. PRI | NCE 8 | 7/14/07 | 7 |
| Đ | Filing Fee is \$61.25 ue by September 14, 2007 | 9. Election Cam Trust Fund Co | paign Financing | \$5.00 May Be Added to Fees | | eck payable to partment of Sta | |
| 10. | OFFICERS AND DIRE | CTORS | 11. | ADDITIONS/CHANGE | S TO OFFICERS AND | DIRECTORS IN | 10 |
| TITLE - | ACKERMAN, JOE | ☐ Delete | NAME: | ECHAIRMA | | Change | Addition |
| STREET ADDRESS | 515 N: FLAGLER DR: STE1800 | | STREET ADDRESS 12 | GLENGARY R M BCH GONS | D | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL-33401- | | CITY-ST-ZIP PAL | M BCH GONS | FL 33418 | 8 | |
| TITLE NAMÉ | MR. FRANKLIN, PATRICK | Delete | TITLE | | | Change | Addition |
| STREET ADDRESS | 1700 N. AUSTRALIAN AVE. | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33407 | | CITY - ST - ZIP | | | | i |
| TITLE | MS. | Delete | TITLE | - | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | HOFFMAN, PHYLLIS 4605 COMMUNITY DR. | | NAME STREET ADDRESS | | | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33417 | | CITY-ST-ZIP | | | | |
| TITLE | MR. | ☐ Delete | TITLE CHI | AIR PERSON | · PRESIDER | T Change | Addition |
| NAME | OLSHANSKY, HOWARD | | NAME | | | , , | |
| STREET ADDRESS CHTY-ST-IP" | 1201 AUSTRALIAN AVE. RIVIERA BEACH, FL 33404 | | STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE CH | IEF FINANC | IAL OFFICE | 2 Change | Addition |
| NAME | | <u> </u> | NAME RO | CHELLE PR | INCE | 1 - | ACTIONING |
| STREET ADDRESS | | | STREET ADDRESS | 00 DKEECHO | BEE 120 - 21 | FLOOR | |
| CITY-ST-ZIP | | | CITY-ST-ZIP WE | ST PALM BEA | CH, FL 3340 | 9 | |
| TITLE | 4 | _ Delete | TITLE /N7 | ERIM CHIEF | OFFICE | 2 Change | Addition |
| NAME STREET ADDRESS | | | NAME KO/ STREET ADDRESS 4// |) ZYCHOWSK 00 OKEECHO. | BEE RO-ZM | d FLOOR | |
| CITY-ST-ZIP | | | | ST PALM BEAC | | | |
| indicated of the cor | certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with an address and a supplemental address. | rue and accurate and that m vered to execute this report a | the exemptions contain y signature shall have th | ed in Chapter 119, Florid ne same legal effect as if | da Statutes. I further ce | ertify that the inf | or director |

PAGE 1 OF 2

Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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| 1. Entity Nam | MENT # N99000007 | 191 | | 2 | A | MAC | HMF | TW | |
| | ND FAMILY CONNECTIONS | , INC. | | | | | | | |
| | e of Business THILL BLVD. BEACH, FL 33406 US | Mailing Address 3333 FOREST HILL BLV WEST PALM BEACH, FL | | | | | | | |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | | | 4012 | 985 | 6 | | |
| 4/00 0/ Suite, Apt | KEECHOLEE RD | SAME AS # Suite, Apt. #, etc. | - 2 | | 08132007 _{Chg-l} | | CR2E037 | 7 (12/06) | |
| City & State | LOOR-FINANCE | City & State | | | 4. FEI Number | | UNZEU3/ | | pplied For |
| WEST 1 | PALM BEACH, FL Country | Zip | Country | | 65-0978467 | | | _ IN | ot Applica |
| 33409 | USA | | Country | | 5. Certificate of Status | |) F | 8.75 Ad ee Requir | |
| | 6. Name and Address of Current Re | egistered Agent | Name | | 7. Name and Address | of New Re | gistered A | gent | |
| | EST HILL BLVD. | | Street | Address (F | P.O. Box Number is Not | Acceptable) | | | |
| VVCOTTAL | M BEACH, FL-334 06 | | | | - | | | · | |
| | | | City | | | | FL | Zip Coo | ie |
| SIGNATURE _ | Signature, typed or printed name of registered agent and | title if applicable. (NOTE. I | Registered Agent signa | · | | Mai | DATE | navable t | |
| Du | ie by September 14, 2007 | Trust Fund Co | | | \$5.00 May Be Added to Fees | | ia Departn | | |
| | | | | | | | | | |
| 10. | OFFICERS AND DIREC | | 11. | A | DDITIONS/CHANGES T | O OFFICERS | | | |
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| TITLE | Rec | Delete Sliylor | TITLE | SECP PANE | LA RITEP | 516 | 15· - 6 | □ Change | Additi |
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Profession >