2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

40129855

DOCUMENT # N99000007191

1. Entity Name
CHILD AND FAMILY CONNECTIONS, INC.

Principal Place of Business	Mailing Address
~~3333 FOREST HILL BLVD.~~ ~~WEST PALM BEACH, FL 33406~~ US	~~3333 FOREST HILL BLVD.~~ ~~WEST PALM BEACH, FL 33406~~ US

08132007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4100 OKEECHOBEE RD	SAME AS # 2
Suite, Apt. #, etc. 2ND FLOOR - FINANCE	Suite, Apt. #, etc.
City & State WEST PALM BEACH, FL	City & State
Zip 33409 Country USA	Zip Country

4. FEI Number
65-0978467
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MCCARTHY, JOHN~~ ~~3333 FOREST HILL BLVD.~~ ~~WEST PALM BEACH, FL 33406~~	Name ROCHELLE PRINCE Street Address (P.O. Box Number is Not Acceptable) 4100 OKEECHOBEE RD 2ND FLOOR - FINANCE City WEST PALM BEACH FL Zip Code 33409

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rochelle D. Prince, CFO ROCHELLE D. PRINCE 8/14/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MR.~~ ACKERMAN, JOE ~~515 N. FLAGLER DR. STE1800~~ ~~WEST PALM BEACH, FL 33401~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE CHAIRMAN 12 GLENGARY RD PALM BCH GDNS, FL 33418	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. FRANKLIN, PATRICK 1700 N. AUSTRALIAN AVE. WEST PALM BEACH, FL 33407	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MS. HOFFMAN, PHYLLIS 4605 COMMUNITY DR. WEST PALM BEACH, FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MR.~~ OLSHANSKY, HOWARD 1201 AUSTRALIAN AVE. RIVIERA BEACH, FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRPERSON • PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHIEF FINANCIAL OFFICER ROCHELLE PRINCE 4100 OKEECHOBEE RD - 2ND FLOOR WEST PALM BEACH, FL 33409	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	INTERIM CHIEF EXECUTIVE OFFICER RON ZYCHOWSKI 4100 OKEECHOBEE RD - 2ND FLOOR WEST PALM BEACH, FL 33409	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rochelle D. Prince, CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

DOCUMENT # N99000007191

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Mailing Address
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~~WEST PALM BEACH, FL 33406~~ US

40129855

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Suite, Apt. #, etc. 2ND FLOOR - FINANCE	Suite, Apt. #, etc.
City & State WEST PALM BEACH, FL	City & State
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete — RESIGNED 8/14/07 DO NOT ADD	TITLE ~~SECRETARY~~ NAME ~~PAMELA R. TEPSIC~~ STREET ADDRESS ~~4100 OKEECHOBEE BLVD. - 2nd FLOOR~~ CITY-ST-ZIP ~~WEST PALM BEACH, FL 33409~~ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE INTERIM CEO NAME RON ZYCHOWSKI STREET ADDRESS 4100 OKEECHOBEE BLVD - 2nd FLOOR CITY-ST-ZIP WEST PALM BEACH, FL 33409 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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