

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90179 032 ****61.25

DOCUMENT # N99000007191

1. Entity Name

CHILD AND FAMILY CONNECTIONS, INC.



Principal Place of Business

**600 SANDTREE DR
SUITE 109
PALM BEACH GARDENS FL 33403**

Mailing Address

**600 SANDTREE DR
SUITE 109
PALM BEACH GARDENS FL 33403**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0978467**

Applied For

Not Applicable

5. Certificate of Status-Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKER, ROBERT
600 SANDTREE DR
SUITE 109
PALM BEACH GARDENS FL 33403**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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 **D** ☐ Delete
NAME **DEMARK, DIANE**
STREET ADDRESS **1485 S SAMORAN BLVD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☐ Delete
NAME **PATRICK, JAMES E** (*Change*)
STREET ADDRESS **1485 S SEMORAN BLVD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☐ Delete
NAME **OLSHANSKY, HOWARD**
STREET ADDRESS **2309 PONCE DE LEON AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☐ Delete
NAME **LADIKA, MATTHEW**
STREET ADDRESS **2309 PONCE DE LEON AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☐ Delete
NAME **OWEN, SANDY**
STREET ADDRESS **2309 PONCE DE LEON AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☒ Delete
NAME **VISALLI, CHARLES**
STREET ADDRESS **1485 S SEMORAN BLVD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☐ Change ☒ Addition
NAME **Jo-Ann Prisco**
STREET ADDRESS **311 South 2nd Street**
CITY-ST-ZIP **Ft. Pierce, FL 34950**

TITLE **D** ☐ Change ☒ Addition
NAME **Liz Pellegrino**
STREET ADDRESS **311 South 2nd Street**
CITY-ST-ZIP **Ft. Pierce, FL 34950**

TITLE **D** ☐ Change ☒ Addition
NAME **Secretary Lou Boccabella**
STREET ADDRESS **311 South 2nd Street**
CITY-ST-ZIP **FT. Pierce, FL 34950**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert Chalnack**
STREET ADDRESS **4101 Ravenswood Road**
CITY-ST-ZIP **Dania, FL 33312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Signature Required
Robert Barker

Date

Daytime Phone #

561-625-580

CR2E037 (4/03)