


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90089 046 ***158.75

DOCUMENT # **P94000046984**

1. Entity Name
CENTER FOR FAMILY AND PERSONAL GROWTH, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
417 COMMERCIAL COURT
Suite, Apt. #, etc. **SUITE E**

3. Mailing Address
417 COMMERCIAL CT
Suite, Apt. #, etc. **SUITE E**

City & State
VENICE, FL

City & State
VENICE, FL

Zip Country
34292 USA

Zip Country
34292 USA

4. FEI Number
65-0505069

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JUDITH STEINER

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

SUITE E

City
VENICE

FL Zip Code
34292

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD STEINER, JUDITH 9013 HALLON CT. VENICE, FL 34292	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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DO NOT WRITE IN THIS SPACE

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith Steiner **JUDITH STEINER**

Date **4/17/04** Daytime Phone # **941-485-8896**

CR2E034B (12/02)