2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000046984 **DOCUMENT #**

1. Entity Name

CENTER FOR FAMILY AND PERSONAL GROWTH,



FILED Mar 07, 2003 8:00 am & Secretary of State 03-07-2003 90105 031 ***150.00

, INC.	03-07-2003 90103 0
ST 2	•

			GOO WE THE			
Principal Plac	ce of Business	Mailing Address				
106 LIVE OA		106 LIVE OAK ST				
VENICE FL 3	4292	VENICE FL 34292		'		
US		US		 	88 441 88 441 88 444 8484 8 444	INIAN (ANN DIAN ISAN
2. Principal F	lace of Business	3. Mailing Address	n 2	1 1880/1000 FIND 101/10 BUNNE BONN	32)()	##(#) (D)#) B [#
417 (COMMERCIAL COURT	1 417 COMME	REGAL CT			
Suite, Apt.	#, etc	Suite, Apt. #, etc.		- CHECK HER	E IE MANUNIO OLIANI	250
	***Suite E	SUITE 1	C	☐ CHECK HER	E IF MAKING CHANG	iES
City & Stat	te 👝	City & State		4. FEI Number or organic	<u>,</u>	Applied For
VENICE, Fi.,		VENICE ,	FL	4. FEI Number 65-050506	¹⁹ –	Not Applicable
Zip 347	Country	Zig 432	Country	E. Continue of Chatan Desired	□ \$8.75	Additional
342	92 USA	3429 4	I OSA	5. Certificate of Status Desired	Fee Rec	
·	6. Name and Address of Current i	Registered Agent		7. Name and Address of New	Registered Agent	-
			Name 30	Dimi comareV	7	
STEINER,	JUDITH				4	
106 LIVE			Street Addres	s (P.O. Box Number is Not Acceptate 7 COMMERCIAL	ole)	i
			 1		<u> </u>	
VENICE F	L 34292		-	SUITE E		
	14		City \		E Zip	Code
				NICE		4292
8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regis	tered agent, or both, in the State of F	Florida. I am familiar v	vith, and accept
the obligat	tions of registered agent.				•	
SIGNATURE .	, * . š					j
GIGITATOTIE :	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating)	DATE	
, .	ILE NOW!!! FEE IS \$150.00					
	r May 1, 2003 Fee will be \$550.00			9. Election Campaign f	inancing \$	5.00 мау Ве
	k Payable to Florida Department of	State		Trust Fund Contribut		ded to Fees
. 2						3
10. '\d	OFFICERS AND I		11.	ADDITIONS/CHANGES TO O	FICERS AND DIRECT	ORS IN 11
TITLE ===	PSD	☐ Delete	TITLE	•	☐ Chai	ngé 🔲 Addition 📗
NAME	STEINER, JUDITH		. Name			
STREET ADDRESS	9013 FALCON CT		STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Chai	nge 🔲 Addition
NAME .			NAME	•		_
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			STREET ADDRESS			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

IG OFFICER OR DIRECTOR