

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757169 (8)
1. Corporation Name
CENTER FOR FAMILY COUNSELING OF BROWARD, INC.



Principal Place of Business
**777 S. STATE ROAD 7. #16
MARGATE FL 33068**

Mailing Address
**777 S. STATE ROAD 7. #16
MARGATE FL 33068**

3. Date Incorporated or Qualified
04/30/1981

3a. Date of Last Report
03/28/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2198405		Applied For ☐ Not Applicable	
21		26		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
City & State		City & State					
23		28					
Zip		Country					
24		25					
		29					
		30					

9. Name and Address of Current Registered Agent

**DISHER, CAROL
777 S STATE RD 7, #16
MARGATE FL 33068**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DISHER, CAROL	1.2 NAME	
STREET ADDRESS	1220 NE 23 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RUTH, CATHERINE	2.2 NAME	
STREET ADDRESS	3720 NW 88TH AVE #130-C	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE	STD ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STRAMBERGER, DENNIS	3.2 NAME	
STREET ADDRESS	8090 NW 13 ST E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	REICHERT, SHERRY	4.2 NAME	
STREET ADDRESS	7815 NW 5 PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCAMPBELL, DAVID	5.2 NAME	
STREET ADDRESS	22928 D OXFORD PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Disher
CAROL DISHER

January 25, 1996
205972-3232
Daytime Phone #

CR2E037 (12/95)