

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
777 S. STATE ROAD 7, #16 777 S. STATE ROAD 7, #16
MARGATE FL 33068 MARGATE FL 33068-2823

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 541 S. STATE ROAD 7		26		04/30/1981		01/31/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 3		27		59-2198405		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 MARGATE		28		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution		<input type="checkbox"/>	
24 33068		25 Broward		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29		30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	541 S. STATE RD 7, #3
84	City
85	Zip Code
MARGATE	FL 33068

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISHER, CAROL	1.2 NAME	
STREET ADDRESS	1220 NE 23 AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	POMPAÑO BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHERT, SHERRY	3.2 NAME	
STREET ADDRESS	7815 NW 5 PL	3.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAMPBELL, DAVID	4.2 NAME	
STREET ADDRESS	22928 D OXFORD PL	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)