2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State
01-24-2006 90016 029 ****61.25

DOCUMENT # 757169

1. Entity Name
CENTER FOR FAMILY COUNSELING OF BROWARD, INC.

Principal Place of Business	Mailing Address
441 S SR. 7 #5 MARGATE, FL 33068 US	441 S SR. 7 #5 MARGATE, FL 33068 US

DO NOT WRITE IN THIS SPACE

01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2198405
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DISHER, CAROL
541 S. STATE RD. 7
#3
MARGATE, FL 33068

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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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DISHER, CAROL
STREET ADDRESS	435 NE 6 ST
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	VD
NAME	RUTH, CATHERINE
STREET ADDRESS	3720 NW 88TH AVE #130-C
CITY-ST-ZIP	SUNRISE, FL
TITLE	D
NAME	MCCAMPBELL, DAVID
STREET ADDRESS	22928 D OXFORD PL
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #