

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 14, 2008
Secretary of State

DOCUMENT# N99000007191

Entity Name: CHILD AND FAMILY CONNECTIONS, INC.**Current Principal Place of Business:**4100 OKEECHOBEE RD
2ND FLOOR - FINANCE
WEST PALM BEACH, FL 33409 US**New Principal Place of Business:****Current Mailing Address:**4100 OKEECHOBEE RD
2ND FLOOR - FINANCE
WEST PALM BEACH, FL 33409 US**New Mailing Address:****FEI Number:** 65-0978467**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PRINCE, ROCHELLE
4100 OKEECHOBEE RD
2ND FLOOR FINANCE
WEST PALM BEACH, FL 33409 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** CH () Delete
Name: ACKERMAN, JOE
Address: 12 GLENGARY RD
City-St-Zip: PALM BEACH GARDENS, FL 33418**Title:** VC () Delete
Name: GREGG, CAROL
Address: 3228 GUN CLUB ROAD
City-St-Zip: WEST PALM BEACH, FL 33406**Title:** CFO () Delete
Name: PRINCE, ROCHELLE
Address: 4100 OKEECHOBEE RD 2ND FLOOR FINANCE
City-St-Zip: WEST PALM BEACH, FL 33409**Title:** ICEO () Delete
Name: ZYCHOWSKI, RON
Address: 4100 OKEECHOBEE RD 2ND FLOOR FINANCE
City-St-Zip: WEST PALM BEACH, FL 33409**Title:** SEC () Delete
Name: HENDERSON, PAULA
Address: 8657 TOURNALENE BLVD
City-St-Zip: BOYNTON BEACH, FL 33437**Title:** TREA () Delete
Name: SCOTT-LUBIN, SHEILA
Address: 20012 BACK NINE DR
City-St-Zip: BOCA RATON, FL 33498**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** CEO (X) Change () Addition
Name: WARREN, JUDITH CEO
Address: 4100 OKEECHOBEE RD 2ND FLOOR FINANCE
City-St-Zip: WEST PALM BEACH, FL 33409**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROCHELLE D. PRINCE

CFO

04/14/2008

Electronic Signature of Signing Officer or Director

Date