

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757169

FILED
Apr 16, 2009
Secretary of State

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

Current Principal Place of Business:

441 S SR. 7
#5
MARGATE, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

441 S SR. 7
#5
MARGATE, FL 33068 US

New Mailing Address:

FEI Number: 59-2198405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DISHER, CAROL
441 SOUTH S.R. 7
SUITE 5
MARGATE, FL 33068 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: PD () Delete
Name: DISHER, CAROL
Address: 435 NE 6 ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: VD () Delete
Name: PALMER, COLEEN
Address: 12664 70TH PL NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33412

Title: D () Delete
Name: WEST, CATHY D
Address: 12944 62 LN NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

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:

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: COLEEN PALMER

MANG

04/16/2009

Electronic Signature of Signing Officer or Director

Date