

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42651

Entity Name: ADVOCATES FOR CHILDREN AND FAMILIES, INC.**Current Principal Place of Business:**16831 NE 6TH AVE
N MIAMI BCH, FL 33162**Current Mailing Address:**16831 NE 6TH AVE
N MIAMI BCH, FL 33162 US**FEI Number:** 65-0254656**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALLEN, GINGER
1421 NW 122 AVENUE
PEMBROKE PINES, FL 33026 US*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**Officer/Director Detail :**

Title	DP
Name	HENSHAW, HARRY
Address	1078 NE 94 STREET
City-State-Zip:	MIAMI SHORES FL 33138

Title	D
Name	SCHARF, LINDA
Address	1011 LINCOLN ST.
City-State-Zip:	HOLLYWOOD FL 33019

Title	S
Name	DIIOIA, JUDITH
Address	761 NW 12TH AVE
City-State-Zip:	DANIA BEACH FL 33004

Title	DTRA
Name	ALLEN, GINGER
Address	1421 NW 122 AVE
City-State-Zip:	PEMBROKE PINES FL 33026

Title	D
Name	FOSBACK, NORMAN
Address	528 ALEXANDER PALM RD
City-State-Zip:	BOCA RATON FL 33432

Title	D
Name	KNOWLES, PATRICIA
Address	798 NW 153RD STREET
City-State-Zip:	MIAMI FL 33169

I hereby 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 all other like empowered.

SIGNATURE: GINGER S. ALLEN**DTRA****01/16/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date