

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000009703

**Entity Name:** A BREVARD CENTER FOR FAMILY COUNSELING, INC.

**Current Principal Place of Business:**

1019 HARVIN WAY  
SUITE 110  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

1019 HARVIN WAY  
SUITE 110  
ROCKLEDGE, FL 32955 US

**FEI Number:** 26-4207376

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SADKOWSKI, ELAINE S  
1019 HARVIN WAY  
SUITE 110  
ROCKLEDGE, FL 32955 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 DPST  
Name SADKOWSKI, ELAINE S  
Address 5115 PINOT STREET  
City-State-Zip: VIERA FL 32955

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELAINE SADKOWSKI

**OWNER**

**01/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date