2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 718324

1. Entity Name
FAMILY COUNSELING SERVICES OF GREATER MIAMI, INC.

Principal Place of Business	Mailing Address
10651 N KENDALL DR STE 100 MIAMI, FL 33176 US	10651 N KENDALL DR STE 100 MIAMI, FL 33176 US

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03162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1312775

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, JOSIE
10651 N KENDALL DR
STE 100
MIAMI, FL 33176

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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 Josie Diaz 3/16/06
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	HOLLANDER, MORRIS L
STREET ADDRESS	ONE SE THIRD AVE., 10TH FL
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VD
NAME	COSIO, RAUL J
STREET ADDRESS	701 BRICKELL AVE., STE #3000
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VD
NAME	GUTIERREZ, GINNY
STREET ADDRESS	1501 VENERA AVE., STE#310
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	TD
NAME	MAGINLEY, DONOVAN A
STREET ADDRESS	2 S BISCAYNE BLVD #2600
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	ABREU, ALEX J
STREET ADDRESS	ONE FINANCIAL PLAZA, 13TH FL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80044-022 70.E

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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] 3/22/06 305-374-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #