2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State
06-01-2005 90015 020 ****70.00

DOCUMENT # 741497

1. Entity Name
FAMILY RESOURCE CENTER OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
~~4770 BISCAYNE BLVD~~ 155 South Miami Ave ~~SUITE 610~~ #500 ~~MIAMI, FL 33137 US~~ Miami, FL 33130	~~4770 BISCAYNE BLVD~~ 155 South Miami Ave #500 SUITE 610 ~~MIAMI, FL 33137~~ US Miami, FL 33130

2. Principal Place of Business	3. Mailing Address
155 South Miami Ave.	155 South Miami Ave.
Suite, Apt. #, etc. 500	Suite, Apt. #, etc. 500
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33130 Country: US	Zip: 33130 Country: US

05092005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1788265 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WUNDERMAN, OREN PHD 4770 BISCAYNE BLVD. STE 610 MIAMI, FL 33137	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MCKENNA, ERIC 1110 BRICKELL AVE # 512 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GREEN BERG, JACQUELINE CPA 3035 NORTH BAY ROAD MIAMI, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED WUNDERMAN, OREN PHD 4770 BISCAYNE BLVD #610 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLER, JOHN 3250 MARY STREET STE 405 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Oren Wunderman, Ph.D. 5-9-05 305-374-6006 Ext. 21
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #