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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757169 (8)
1. Corporation Name
CENTER FOR FAMILY COUNSELING OF BROWARD, INC.



Principal Place of Business: 777 S. STATE ROAD 7. #16 MARGATE FL 33068
Mailing Address: 777 S. STATE ROAD 7. #16 MARGATE FL 33068-2823

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	541 S. STATE ROAD 7	26		04/30/1981	01/31/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 3		27		59-2198405	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 MARGATE		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24 33068	25 BROWARD	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DISHER, CAROL 777 S STATE RD 7, #16 MARGATE FL 33068				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				541 S. STATE RD 7, #3			
				83			
				84 City			
				MARGATE FL			
				85 Zip Code			
				33068			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DISHER, CAROL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1220 NE 23 AVE.	1.2 NAME	
STREET ADDRESS	POMPAÑO BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD RUTH, CATHERINE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3720 NW 88TH AVE #130-C	2.2 NAME	
STREET ADDRESS	SUNRISE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D REICHERT, SHERRY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7815 NW 5 PL	3.2 NAME	
STREET ADDRESS	PLANTATION FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MCCAMPBELL, DAVID	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22928 D OXFORD PL	4.2 NAME	
STREET ADDRESS	BOCA RATON FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)