

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90016 029 ****61.25

DOCUMENT # 757169

1. Entity Name
CENTER FOR FAMILY COUNSELING OF BROWARD, INC.



Principal Place of Business

**441 S SR. 7
#5
MARGATE, FL 33068 US**

Mailing Address

**441 S SR. 7
#5
MARGATE, FL 33068 US**

DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP

CR2E037 (11/06)

4. FEI Number

59-2198405

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DISHER, CAROL
541 S. STATE RD. 7
#3
MARGATE, FL 33068**

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IN THIS SPACE**

8. If 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 renewing)

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
DISHER, CAROL
435 NE 6 ST
POMPANO BEACH, FL 33060**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VD
RUTH, CATHERINE
3720 NW 88TH AVE #130-C
SUNRISE, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
MCCAMPBELL, DAVID
22928 D OXFORD PL
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #