



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 757169 1. Entity Name CENTER FOR FAMILY COUNSELING OF BROWARD, INC.	
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Principal Place of Business 441 S SR. 7 #5 MARGATE, FL 33068 US	Mailing Address 441 S SR. 7 #5 MARGATE, FL 33068 US
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2198405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DISHER, CAROL
 441 SOUTH S.R. 7
 SUITE 5
 MARGATE, FL 33068

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

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DISHER, CAROL 435 NE 8 ST POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALMER, COLEEN 12864 70TH PL NORTH ROYAL PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, CATHY D 12944 62 LN NORTH WEST PALM BEACH, FL 33412
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 01/31/08-80014-022 61.25

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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: Carol Disher **1/24/08** **954-972-3232**

SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #