

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000706

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** LOUISIANA COUNSELING AND FAMILY SERVICES, INC.

**Current Principal Place of Business:**

4747 HOLLYWOOD BLVD., STE. 238  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

13110 SW 7TH PLACE  
DAVIE, FL 33325

**Current Mailing Address:**

300 MARLTON PIKE W, STE. 105  
CHERRY HILL, NJ 08002

**New Mailing Address:**

13110 SW 7TH PLACE  
DAVIE, FL 33325

**FEI Number:** 72-1137239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCLELLAN, JOHN  
4747 HOLLYWOOD BLVD., STE. 238  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

MCLELLAN, JOHN  
13110 SW 7TH PLACE  
DAVIE, FL 33325 US

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.

SIGNATURE:

01/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CDPV ( ) Delete  
Name: MANGUNO, ANA  
Address: 934 HOMESTEAD AVE.  
City-St-Zip: METAIRIE, LA 70003

Title: ST ( ) Delete  
Name: GONZALES, LYLE  
Address: 121 DEARCE DR.  
City-St-Zip: ST. ROSE, LA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CDPV (X) Change ( ) Addition  
Name: MANGUNO, ANA  
Address: 2811 BANYON ST  
City-St-Zip: PAMAMA CITY, FL 32408

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MCLELLAN

MR.

01/16/2009

Electronic Signature of Signing Officer or Director

Date