

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Feb 12, 2009**  
**Secretary of State**

DOCUMENT# F08000000706

**Entity Name:** LOUISIANA COUNSELING AND FAMILY SERVICES, INC.**Current Principal Place of Business:**13110 SW 7TH PLACE  
DAVIE, FL 33325**New Principal Place of Business:****Current Mailing Address:**13110 SW 7TH PLACE  
DAVIE, FL 33325**New Mailing Address:****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  
13110 SW 7TH PLACE  
DAVIE, FL 33325 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** CDPV ( ) Delete  
**Name:** MANGUNO, ANA  
**Address:** 2811 BANYON ST  
**City-St-Zip:** PAMAMA CITY, FL 32408**Title:** ST ( ) Delete  
**Name:** GONZALES, LYLE  
**Address:** 121 DEARCE DR.  
**City-St-Zip:** ST. ROSE, LA**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CDPV (X) Change ( ) Addition  
**Name:** MCLELLAN, JOHN  
**Address:** 13110 SW 7TH PLACE  
**City-St-Zip:** DAVIE, FL 33325**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP ( ) Change (X) Addition  
**Name:** MANGUNO, ANA  
**Address:** 2811 BANYON ST  
**City-St-Zip:** PAMAMA CITY, FL 32408

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

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date