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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K29630

(6)

1. Corporation Name
ACF COUNSELING CENTER, INC.

Principal Place of Business

327 WEST 49TH STREET
HIALEAH FL 33012

Mailing Address

327 WEST 49TH STREET
HIALEAH FL 33012-3715



3. Date Incorporated or Qualified
07/28/1988

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

21 705 EAST 26 STREET

Suite, Apt. #, etc.

22 City & State

23 Hialeah, FLA

Zip

24 33013

Country

25 Dade

2a. Mailing Address

26 P. O. BOX 2811

Suite, Apt. #, etc.

27 City & State

28 Hialeah, FLA

Zip

29 33012

Country

30 Dade

4. FEI Number

65-0089297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MONTANO, MARITZA
327 WEST 49TH STREET
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name MARITZA MONTANO

82 Street Address (P.O. Box Number Not Acceptable)
705 EAST 26 ST

83

84 City Hialeah

FL

85 Zip Code

33013

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of corporation or trustee or receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-97

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME MONTANO, MARITZA
STREET ADDRESS 705 EAST 26 ST.
CITY-STATE-ZIP HIALEAH FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(i), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-97

(305) 693-1144

CR2E034 (9/96)