


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005750 1. Entity Name COMMUNITY FAMILY CENTER, INC	
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Principal Place of Business 2647 NORTH STATE ROAD 7 LAUDERHILL, FL 33313	Mailing Address 2647 NORTH STATE ROAD 7 LAUDERHILL, FL 33313
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04072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent JULIUS, RUDY 2647 N STATE ROAD 7 LAUDERHILL, FL 33313

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IN THIS SPACE**

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 reissuing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIUS, RUDY 2647 N STATE ROAD 7 LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, JULIUS 2647 N STATE ROAD 7 LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, BLANCHE 2647 N STATE ROAD 7 LAUDERHILL, FL 33313
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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

4/10/05 (954) 486-4814
Date Daytime Phone #