

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

5/5/21
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FILED
Jun 23, 2004 8:00 am
Secretary of State

05-05-2004 90214 039 *****61.25

DOCUMENT # N03000002093			
1. Entity Name: FAMILY HEALTH COUNSELING CENTER, INC.			
Principal Place of Business 2877 FOREST HILL BLVD WEST PALM BEACH FL 33408		Mailing Address 2877 FOREST HILL BLVD WEST PALM BEACH FL 33408	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent SILVERNAIL, DARLENE 2877 FOREST HILL BLVD WEST PALM BEACH FL 33408		4. FEI Number 26-0059088 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if appropriate. (NOTE: Registered Agents signature required when submitting) DATE _____			
FILE NOW: FEE \$18.25 Due By: May 15, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
PO SILVERNAIL, DARLENE 5719 ITHACA CIR LAKE WORTH FL 33463	BRUNDA JOHNSON 1225 N Military Trl West Palm Beach FL 33409		
D SHEEN, MARK P O BOX 18757 WEST PALM BEACH FL 33418			
STD COREY, PASTOR 411 S J ST LAKE WORTH FL 33460			
Michelle RIVERA 9044 ALHON RD APT A N PIS FL 33405			
MURRAY BURMAN 8095 RED KECK LANE BOYD HILL FL 33436			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 719.07(3)(b), 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 REGISTERING OFFICER OR DIRECTOR		Darlene SILVERNAIL 5/1/04 SE1 4330123	

66428872



MOORE CR2E037 (11/03)

VP3 Barbara Idroza
12363 SAWGRASS COURT
Wellington Fla 33414

66428872 Attachment
ND 3000002093

BOARD OF DIRECTORS

DARLENE SILVERNAIL- PRESIDENT
PO BOX 18745
WPB FLA 33416
AFFILIATION- FHCCINC

BARBARA ODEROSA- VICE PRESIDENT
12383 SAWGRASS COURT
WELLINGTON FLA 33414
AFFILIATION- DCF

PASTER COREY- TREASURE
UNITY LIFE CHURCH
411 SOUTH J STREET
LAKE WORTH FLA
AFFILIATION- UNITY LIFE

MURRAY BURMAN - BM
8095 RED REEF LANE
BOYTON BCH FLA
AFFILIATION- ED MORSE CHEV

JAY WILEY - BM
315 SW 14TH AVE
DELRAY BCH FLA
AFFILIATION- RADIO HOST WIRK

BRENDA JOHNSON - SECRETARY
1225 MILITARY TR
WPB FLA
AFFILIATION JOHNSON ILLER INS

MICHELLE RIVERA - BM
9044 ALT A1A
NPB FLA
AFFILIATION ANIMALS 101

MILKA SANTOS - BM
104 NK ST
LAKE WORTH FLA
AFFILIATION - HISPANIC INTRAGROUP

BM =
Board
Member