

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000002093

1. Entity Name  
FAMILY HEALTH COUNSELING CENTER, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 11 AM 8:00

Principal Place of Business  
2677 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406

Mailing Address  
2677 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08042004

Chg-NP

CR2E037 (10/03)

*MRB*

City & State

City & State

4. FEI Number  
26-0059088

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERNAIL, DARLENE  
2677 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406

Name *MARK SHECHAN*

Street Address (P.O. Box Number is Not Acceptable)  
*2677 FOREST HILL BLVD*

*WPA FL*

City *STE 102* - FL *33406*

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]*

*8-4-04*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME SILVERNAIL, DARLENE  
STREET ADDRESS 5719 ITHACA CIR E  
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE *MARK SHECHAN* ☐ Change ☐ Addition  
NAME *2765 10th AVE N LOT 3*  
STREET ADDRESS *LK WORTH FLA 33461*  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME JOHNSON, BRENDA  
STREET ADDRESS 1225 N MILITARY TR  
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME COREY, PASTOR  
STREET ADDRESS 411 S J ST  
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BM ☐ Delete  
NAME RIVERA, MICHELLE  
STREET ADDRESS 9044 ALLEN RT A1A  
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BM ☐ Delete  
NAME BURMAN, MURRAY  
STREET ADDRESS 8095 RED CLIFF LANE  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BM ☐ Delete  
NAME O'CONNER, LAUREN  
STREET ADDRESS 11211 S MILITARY TR  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE *[Signature]* ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8-4-04*

Date

Daytime Phone #