

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002093

FILED
Jan 31, 2005
Secretary of State

Entity Name: FAMILY HEALTH COUNSELING CENTER, INC.

Current Principal Place of Business:

2677 FOREST HILL BLVD
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

2677 FOREST HILL BLVD
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 26-0059088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEEHAN, MARK
2677 FOREST HILL BLVD
STE 102
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

LIRA, LAURENCIO
1602 S. CYPRESS RD
POMPAN0 BEACH, FL 33060 US

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: LAURENCIO LIRA

01/31/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEEHAN, MARK
Address: 2765 10TH AVE N LOT 3
City-St-Zip: LAKE WORTH, FL 33461

Title: S () Delete
Name: JOHNSON, BRENDA
Address: 1225 N MILITARY TR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T () Delete
Name: COREY, PASTOR
Address: 411 S J ST
City-St-Zip: LAKE WORTH, FL 33460

Title: BM () Delete
Name: RIVERA, MICHELLE
Address: 9044 ALLEN RT A1A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: BM (X) Delete
Name: BURMAN, MURRAY
Address: 8095 RED CLIFF LANE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: BM (X) Delete
Name: O'CONNER, LAUREN
Address: 11211 S MILITARY TR
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LIRA, LAURENCIO
Address: 1602 S CYPRESS RD
City-St-Zip: POMPAN0 BEACH, FL 33060

Title: S (X) Change () Addition
Name: KRIZMAN-KOZLOWSKI, GAIL
Address: 15220 CHASE ST
City-St-Zip: CROWN POINT, IN 46307

Title: T (X) Change () Addition
Name: LIRA, LOUIS C
Address: 116 44TH AVE
City-St-Zip: ST.PETE BEACH, FL 33706

Title: BM (X) Change () Addition
Name: GUSTAFSON, JULIANNE H
Address: 13914 CYPRESS WOOD CROSSING
City-St-Zip: HOUSTON, TX 77070

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAURENCIO LIRA

PD

01/31/2005

Electronic Signature of Signing Officer or Director

Date