2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/9/2004-90009-037-$70.00,$70.00

04 OCT -7 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/09/04 90009 037 $70.00

DOCUMENT # N03000006682

1. Entity Name
INSTITUTE FOR COUNSELING AND FAMILY THERAPY, INCORPORATED

Principal Place of Business	Mailing Address
1113 NW 122ND TERR PEMBROKE PINES, FL 33026	1113 NW 122ND TERR PEMBROKE PINES, FL 33026

08122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1113 NW 122nd Terrace Suite, Apt. #, etc.	1113 N.W. 122nd Terrace Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33026 Country: Broward	Zip: 33026 Country: Broward

4. FEI Number: 37-1497179 ☐ Applied For ☐ Not Applicable

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
CUMBO, STEVEN K 1113 NW 122ND TERR PEMBROKE PINES, FL 33026	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: Steven K. Cumbo President 9/7/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CUMBO, STEVEN K 1113 NW 122ND TERR PEMBROKE PINES, FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CUMBO, RICHARD F 269 LAUREL HOLLOW DR NOKOMIS PINES, FL 33275	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HASTINGS, CARL A 1075 92ND ST APT 303 BAY HARBOR ISLANDS, FL 33154	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Hastings, Carl A 1075 92nd St APT 303 Bay Harbor Island, FL 33154	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Gracel C. Cumbo 1113 N.W. 122nd Terrace Pembroke Pines, FL 33026	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Steven K. Cumbo President Steven K. Cumbo (954)804-4203 9/7/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #