


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

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90546 041 ****70.00

DOCUMENT # N04000004730	
1. Entity Name BROWARD ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY, INC.	

Principal Place of Business 2050 NW 82 TERRACE PEMBROKE PINES, FL 33024	Mailing Address 2050 NW 82 TERRACE PEMBROKE PINES, FL 33024
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20035360



2. Principal Place of Business N/A	3. Mailing Address PO Box 291341
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02242005 Chg-NP CR2E037 (10/03)

City & State DAVIE, FL	City & State DAVIE, FL
Zip 33329-1341	Country USA

4. FEI Number 20-1107577	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BAMOND, ROXANNE 2050 NW 82 TERRACE PEMBROKE PINES, FL 33024	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Roxanne Bamond, Ph.D. [Roxanne Bamond, Ph.D.] 4/14/2005 431-8568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #