

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90017 037 ****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 PO BOX 291341 DAVIE, FL 33329-1341	
2. Principal Place of Business 1902 SW 4 Place		3. Mailing Address 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State N. Lauderdale, FL		City & State 	
Zip 33068		Country USA	
4. FEI Number 20-1107577		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 AnnaLynn Schooley Street Address (P.O. Box Number is Not Acceptable) 7902 SW 4 Place City N. Lauderdale FL Zip Code 33068	
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 AnnaLynn Schooley 7/24/2006 <small>(NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by September 6, 2006		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAMOND, PH.D., ROXANNE 2050 NW 82 TERRACE PEMBROKE PINES, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President AnnaLynn Schooley 7902 SW 4 Place N. Lauderdale, FL 33068
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 exemptions contained in Chapter 119, 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: AnnaLynn Schooley, Ph.D.		7/7/2006	