



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000004730</b>			
1. Entity Name <b>BROWARD ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY, INC.</b>			
Principal Place of Business <b>7902 SW 4 PLACE N LAUDERDALE, FL 33068</b>	Mailing Address <b>PO BOX 291341 DAVIE, FL 33329-1341</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		03182007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>20-1107577</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>SCHOOLEY, ANNA LYNN 7902 SW 4 PLACE N LAUDERDALE, FL 33068</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U000000673625 03/29/07-80036-016 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHOOLEY, ANNA LYNN 7902 SW 4 PLACE N LAUDERDALE, FL 33068		
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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.			
<b>SIGNATURE:</b> <i>Anna Lynn Schooley</i> <b>AnnaLynn Schooley</b>		<b>3/18/2007</b>	<b>954.288.0130</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>