

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004730

FILED
Jan 22, 2008
Secretary of State

Entity Name: BROWARD ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY, INC.

Current Principal Place of Business:

7902 SW 4 PLACE
N LAUDERDALE, FL 33068

New Principal Place of Business:

4307 TYLER STREET
HOLLYWOOD, FL 33021

Current Mailing Address:

PO BOX 291341
DAVIE, FL 333291341

New Mailing Address:

FEI Number: 20-1107577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOOLEY, ANNA LYNN
7902 SW 4 PLACE
N LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

VESHINSKI, SLOANE
4307 TYLER STREET
HOLLYWOOD, FL 33021 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: SLOANE VESHINSKI

01/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHOOLEY, ANNA LYNN
Address: 7902 SW 4 PLACE
City-St-Zip: N LAUDERDALE, FL 33068

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VESHINSKI, SLOANE E
Address: 4307 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP () Change (X) Addition
Name: CAPELLUTO, DORA
Address: PO BOX 291341
City-St-Zip: DAVIE, FL 33329

Title: TREA () Change (X) Addition
Name: CAPTAIN, CAROL
Address: PO BOX 291341
City-St-Zip: DAVIE, FL 33329

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SLOANE VESHINSKI, LMFT, CAP

P

01/22/2008

Electronic Signature of Signing Officer or Director

Date