2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N04000004730

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

Current Principal Place of Business:

1930 HARRISON ST, STE 205
HOLLYWOOD, FL 33020

New Principal Place of Business:

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:

VESHINSKI, SLOANE
4307 TYLER STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

VESHINSKI, SLOANE
1930 HARRISON STREET
SUITE 205
HOLLYWOOD, FL 33020 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, LMFT, CAP 03/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VESHINSKI, SLOANE E
Address: PO BOX 291341
City-St-Zip: DAVIE, FL 333291341

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 P 03/04/2009
Electronic Signature of Signing Officer or Director Date