

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004248

FILED
Mar 29, 2009
Secretary of State

Entity Name: SUPPORT THE CHILDREN AND FAMILY, INC

Current Principal Place of Business:

13104 S.W. 25 PLACE
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13104 SW 25 PLACE
DAVIE, FL 33325

New Mailing Address:

FEI Number: 76-0790693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHEL, IMMACULA MD
13104 SW 25 PLACE
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MICHEL, IMMACULA MD
Address: 13104 SW 25 PLACE
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: FIFE, EON
Address: 758 SHERWOOD TERRACE DRIVE APT# 304
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: TESSIER, LECLERC
Address: 13455 SW 9 COURT APT# 102
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D () Delete
Name: GREEN, PAMELA PHD
Address: 231 W PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: D () Delete
Name: ALLEN, NICHOLAS
Address: 231 W PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: D () Delete
Name: MICHEL, STEPHANIE M
Address: 758 SHERWOOD TER. DRIVE APT # 304
City-St-Zip: ORLANDO, FL 32818

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:

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: IMMACULA MICHEL MD

CEO

03/29/2009

Electronic Signature of Signing Officer or Director

Date