2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004248

FILED Jan 09, 2011 Secretary of State

Entity Name: SUPPORT THE CHILDREN AND FAMILY, INC

Current Principal Place of Business: New Principal Place of Business:

13104 S.W. 25 PLACE 11103 STONEWOOD FOREST TRAIL

DAVIE, FL 33325 BOYNTON BEACH, FL 33473

Current Mailing Address: New Mailing Address:

13104 SW 25 PLACE 11103 STONEWOOD FOREST TRAIL BOYNTON BEACH, FL 33473

FEI Number: 76-0790693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

MICHEL, IMMACULA MD
11103 STONEWOOD FOREST TRAIL
BOYNTON BEACH, FL 33473 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: 01/09/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: D

Name: MICHEL, IMMACULA MD

Address: 11103 STONEWOOD FOREST TRAIL City-St-Zip: BOYNTON BEACH, FL 33473

Title: D Name: FIFE, IAN

Address: 758 SHERWWOOD TERRACE DRIVE APT# 304

City-St-Zip: ORLANDO, FL 32818

Title: D

Name: MICHEL, JEAN-LUC MD

Address: 11103 STONEWOOD FOREST TRAIL City-St-Zip: BOYNTON BEACH, FL 33473

Title:

Name: MICHEL, STEPHANIE

Address: 11103 STONEWOOD FOREST TRAIL
City-St-Zip: BOYNTON BEACH, FL 33473

I hereby 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 all other like empowered.

SIGNATURE: IMMACULA MICHEL PRES 01/09/2011