## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000011397

FILED Jun 18, 2010 Secretary of State

Entity Name: CENTER FOR HEALTHY MARRIAGES AND FAMILIES INC.

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

3541 SW 144TH AVENUE MIRAMAR, FL 33027

Current Mailing Address: New Mailing Address:

3541 SW 144TH AVENUE MIRAMAR, FL 33027

FEI Number: 20-5908247 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

SCOTT, ELIZABETH 3541 SW 144TH AVENUE MIRAMAR, FL 33027 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: PARRISH, SHERRON DR. Address: 3541 SW 144TH AVENUE City-St-Zip: MIRAMAR, FL 33027

Title: 7

Name: PARRISH, SHERRON DR. Address: 3541 SW 144TH AVENUE City-St-Zip: MIRAMAR, FL 33027

Title: S

Name: BISHOP, LORETTA
Address: 3541 SW 144TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title:

Name: SCOTT, ELIZABETH
Address: 3541 SW 144TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title:

Name: PERKINS, MARY
Address: 3541 SW 144TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: [

Name: PARRISH, CARL

Address: 3541 SW 144TH AVENUE City-St-Zip: MIRAMAR, FL 33027

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: DR. SHERRON PARRISH PRES 06/18/2010