

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006188

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** NEW RIVER REGIONAL CHILDREN AND FAMILY DEVELOPMENT CENTER, INC.

**Current Principal Place of Business:**

333 TARPON DR  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

333 TARPON DR  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 27-0427942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOMLINSON, JOHN L  
500 NW 62ND STREET SUITE 210  
FT LAUDERDALE, FL 33306 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  
Name: MALLOW, SHEROD  
Address: 333 TARPON DR  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D  
Name: RON, MICHEL  
Address: 333 TARPON DR  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D  
Name: LANDERS, JACK  
Address: 333 TARPON DR  
City-St-Zip: FT LAUDERDALE, FL 33301

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: SHEROD MALLOW

D

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date