

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathers
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:09

DOCUMENT # **N15627** (5)

1. Corporation Name
FAMILY LIFE INSTITUTE OF COUNSELING, EDUCATION & RESEARCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3661 W. OAKLAND PARK BLVD SUITE 200 LAUDERDALE LAKES FL 33311 **3661 W. OAKLAND PARK BLVD SUITE 200 LAUDERDALE LAKES FL 33311**

3. Date Incorporated or Qualified **06/26/1986** 3a. Date of Last Report **04/26/1994**
4. FEI Number **65-0003179** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip # Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**PETERSEN, JANICE DR.
3661 W. OAKLAND PARK BLVD
SUITE 200
LAUDERDALE LAKES FL 33311**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
PCE **BROWNE, DR REGINALD** **7451 NW 42ND COURT LAUDERHILL FL**
VP **PETERSEN, DR. JANICE** **6921 N.W. 45TH STREET LAUDERHILL FL**
C **MYERS, HERBERT** **18J50 ELLER DR FT LAUDERDALE FL**
T **PRIESTER, WILLIE R** **3501 SW DAVIE BLVD DAVIE FL**
S **CLAYBORNE, BERNADETTE** **1001 W CYPRESS CRK RD STE 111 FT LAUDERDALE FL**
VC **RUFFIN, DOROTHY L** **9650 NW 42ND ST CORAL SPGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME **D**
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE Change Addition
22 NAME **D**
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE Change Addition
42 NAME **JIVIA PALMER**
43 STREET ADDRESS **7211 N.W. 21ST AVENUE LAUDERHILL, FL 33313**
44 CITY - ST - ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 the report as required by Chapter 110, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DR REGINALD L. BROWNE** *Janice Petersen* **RES. 4/19/95 305-484-3002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type Name)