2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2005
Secretary of State

DOCUMENT# N30258

Entity Name: SOUTH POINTE FAMILY AND CHILDREN CENTER, INC.

Current Principal Place of Business:

1760 SOUTH GLADES DR
MIAMI, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

1760 SOUTH GLADES DR
MIAMI, FL 33162 US

New Mailing Address:

FEI Number: 65-0095997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, BELL
12400 S.W 33RD STREET
MIRAMAR, FL 33027 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: BELL, NELSON N
Address: 12400 SW 33RD ST.
City-St-Zip: HOLLYWOOD, FL 33027

Title: D ( ) Delete
Name: CAMPBELL, LUCIUS
Address: 16405 N.W. 25TH AVE.
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: NIXON, KAREN,
Address: 20202 NW 28TH COURT
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: PERRY, OLIVER DR.
Address: P.O. BOX 552413 N/A
City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete
Name: BELL, NEDELKA M
Address: 17068 NW 56TH COURT
City-St-Zip: OPA LOCKA, FL 33054

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: D (X) Change ( ) Addition
Name: BELL, NEDELKA
Address: 12400 SW 33RD STREET
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Change ( ) Addition
Name: BELL, JUSTIN N
Address: 12400 SW 33RD STREET
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NELSON N. BELL D 04/17/2005

Electronic Signature of Signing Officer or Director — Date