

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30258

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

12400 SW 33RD STREET  
MIRAMAR, FL 33027 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

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

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

Title: D  
Name: BELL, NEDELKA  
Address: 12400 SW 33RD STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: D  
Name: BELL, JUSTIN N  
Address: 12400 SW 33RD STREET  
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: NELSON BELL

D

04/07/2010

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

\_\_\_\_\_  
Date