

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35028

FILED
Apr 23, 2009
Secretary of State

Entity Name: DADE FAMILY COUNSELING, INC.

Current Principal Place of Business:

1490 W 49TH PLACE # 410
HIALEAH, FL 330123148 US

New Principal Place of Business:

Current Mailing Address:

1490 W 49TH PLACE # 410
HIALEAH, FL 330123148 US

New Mailing Address:

FEI Number: 65-0154459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, JOSE
1490 W. 49TH PLACE
STE. 410
HIALEAH, FL 33012 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: PTD () Delete
Name: VIDAL, RAUL
Address: 9742 NW 127 ST.
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VSD () Delete
Name: GARCIA, JOSE
Address: 25107 SW 124 CT.
City-St-Zip: HOMESTEAD, FL 33032

Title: D () Delete
Name: PENA, ROSA
Address: 443 MAJORCA AVE.
City-St-Zip: CORAL GABLES, FL 33134

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RAUL VIDAL

PTD

04/23/2009

Electronic Signature of Signing Officer or Director

Date