FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49329 (8)

1. Corporation Name

COUNCIL FOR MARRIAGE PRESERVATION & DIVORCE RESOLUTION, INC.

Principal Place of Business	Mailing Address
C/O CAROL B. HAIGHT P.A. 370 W. CAMINO GARDENS BLVD. BOCA RATON FL 33432	C/O CAROL B. HAIGHT P.A. 370 W. CAMINO GARDENS BLVD. BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0372413 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HAIGHT, CAROL B.
370 W CAMINO GARDENS BLVD.
S-300
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
900001480009
33 -05/09/95--01020--013
****155.00 ****155.00
34 City FL 35 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 office 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	D ☐ Change ☐ Addition
NAME	KANOUSE VALERIE G.	12 NAME	John E. Carter
STREET ADDRESS	370 W. CAMINO GARDENS BLVD. SUITE 300	13 STREET ADDRESS	5301 N. Federal Hwy STE 270
CITY-ST-ZIP	BOCA RATON FL 33432	14 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	VD	21 TITLE	D ☐ Change ☐ Addition
NAME	BALSAMA, GEORGE D.	22 NAME	John Cunningham
STREET ADDRESS	5301 N. FEDERAL HWY STE 270	23 STREET ADDRESS	5301 N. Federal Hwy STE 270
CITY-ST-ZIP	BOCA RATON FL 33487	24 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	DS	31 TITLE	D ☐ Change ☐ Addition
NAME	HAIGHT, CAROL B.	32 NAME	Colleen M. Crandall
STREET ADDRESS	5301 N. FEDERAL HWY STE. 270	33 STREET ADDRESS	5301 N. Federal Hwy
CITY-ST-ZIP	BOCA RATON FL 33487	34 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	DT	41 TITLE	D ☐ Change ☐ Addition
NAME	EISEN, CHERYL R. ESQ	42 NAME	Patricia Fitzmaurice
STREET ADDRESS	5301 N. FEDERAL HWY STE 270	43 STREET ADDRESS	5301 N. Federal Hwy STE 270
CITY-ST-ZIP	FT. LAUDERDALE FL 33487	44 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	~~D~~	51 TITLE	D ☐ Change ☐ Addition
NAME	~~CASEY, PATRICK B.~~	52 NAME	Marla Gale
STREET ADDRESS	~~5301 N. FEDERAL HWY STE 270~~	53 STREET ADDRESS	5301 N. Federal Hwy STE 270
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33487~~	54 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	~~D~~	61 TITLE	D ☐ Change ☐ Addition
NAME	~~DEVEREAUX, MARTIN C. PSY D~~	62 NAME	Evelyn Hochberg
STREET ADDRESS	~~5301 N. FEDERAL HWY STE 270~~	63 STREET ADDRESS	5301 N. Federal Hwy STE 270
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33487~~	64 CITY-ST-ZIP	Boca Raton, FL 33487

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 119.07(3)(i), 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol B. Haight Director 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0040502