

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90013 045 ****61.25

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1. Corporation Name

CENTER FOR COUPLES AND FAMILY DEVELOPMENT, INC.

Principal Place of Business

1031 NW 6TH STREET
SUITE C-2
GAINESVILLE FL 32601

Mailing Address

1031 NW 6TH STREET
SUITE C-2
GAINESVILLE FL 32601



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/08/1996

4. FEI Number

59-3415587

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

9. Name and Address of Current Registered Agent

NAZARIO, ANDRES JR
2110 SW 88TH STREET
GAINESVILLE FL 32607

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NAZARIO, ANDRES
STREET ADDRESS 2110 SW 88TH STREET
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE VD
NAME MARQUEZ, MARTHA G
STREET ADDRESS 5700 NW 57TH WAY
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE SD
NAME EARLY, GINA
STREET ADDRESS RT 2 BOX 342
CITY-ST-ZIP MICANOPY FL 32667

TITLE D
NAME PICADO, SUSANA
STREET ADDRESS 312 NW 23RD AVE
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE D
NAME GREENHUT, GAIL
STREET ADDRESS 5610 NW 32ND STREET
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE D
NAME BROWN, IRVIN
STREET ADDRESS 7218 SW 99TH STREET
CITY-ST-ZIP OCALA FL 34476

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer
1.2 NAME Steier, Herbert M.
1.3 STREET ADDRESS 1929 NW 14 Avenue
1.4 CITY-ST-ZIP Gainesville FL 32605

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)