

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90262 035 ****61.25

DOCUMENT # N98000003962

1. Entity Name
COMMUNICARE FAMILY LIFE CENTER INC.



Principal Place of Business
17447 SW 36 STREET
MIRAMAR, FL 33029 US

Mailing Address
17447 SW 36 STREET
MIRAMAR, FL 33029 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0919236

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, LORETTA
17447 SW 36 STREET
MIRAMAR, FL 33029

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Loretta Moore

April 26, 2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP ☒ Delete
NAME THOMPSON, NORA
STREET ADDRESS 392 SW 159TH DR
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE Chairman - D ☒ Change ☐ Add
NAME Naomi Benton-Brown
STREET ADDRESS 1801 NW 26 Terrace
CITY-ST-ZIP Ft. Lauderdale, FL. 33311

TITLE DT Treasure ☐ Delete
NAME DAVIS, PHILLIS
STREET ADDRESS 18000 N W 16TH STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33147

TITLE Secretary - D ☒ Change ☐ Add
NAME Jolene Mullins
STREET ADDRESS 11431 NW 19 Court
CITY-ST-ZIP Pembroke Pines FL. 33026

TITLE D ☒ Delete
NAME KELLMAN, MICHAEL
STREET ADDRESS 1513 NW 15TH AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE Vice Chairman - D ☒ Change ☐ Add
NAME Marian Gaines
STREET ADDRESS 660 NW 4th Court
CITY-ST-ZIP Hallandale FL. 33009

TITLE DS ☒ Delete
NAME SAMLAL, NALINE
STREET ADDRESS 2456 OAK GARDEN LANE
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11: changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Loretta Moore CEO

4-26-2004 954-895-58

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #