

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007036

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** MARRIAGE AND FAMILY ENRICHMENT CENTER, INC.

**Current Principal Place of Business:**

3954 NW 182 LANE  
MIAMI, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

3954 NW 182 LANE  
MIAMI, FL 33054

**New Mailing Address:**

**FEI Number:** 65-0386187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOOSBY, JAMES PTD  
3954 NW 182 LANE  
MIAMI, FL 33054 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: GOOSBY, JAMES PTD  
Address: 3954 NW 182 LANE  
City-St-Zip: MIAMI, FL 33054

Title: SVPD ( ) Delete  
Name: JONES, GERALD SVPD  
Address: 27150 SW 144 COURT  
City-St-Zip: MIAMI, FL 33170

Title: VP ( ) Delete  
Name: MARTINEZ, THERESA VP  
Address: 1313 ALAMEDA DRIVE  
City-St-Zip: LAKE LAND, FL 33805

Title: VP ( ) Delete  
Name: HIXON, SUSIE V S  
Address: 1420 CARVER AVENUE  
City-St-Zip: LAKE LAND, FL 33805

**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:

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: JAMES GOOSBY

PTD

04/09/2009

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

\_\_\_\_\_  
Date