## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000016664

Entity Name: THE FAMILY & CHILDREN CONSORTIUM, INC.

FILED Sep 10, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 430 W. LAKE DASHA DRIVE 430 W. LAKE DASHA DRIVE PLANTATION, FL 33324 PLANTATION, FL 33324 **Current Mailing Address: New Mailing Address:** 430 W. LAKE DASHA DRIVE 430 W. LAKE DASHA DRIVE PLANTATION, FL 33324 PLANTATION, FL 33324 US FEI Number: 90-0014087 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUROWITZ, DAVID T 430 W. LAKÉ DASHA DRIVE PLANTATION, FL 33324 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

Title:

Name:

Address:

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ( ).

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

in the State of Florida.

SIGNATURE:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

Date

 Title:
 PD
 ( ) Delete

 Name:
 SUROWITZ, AHARONA PH.D.

 Address:
 430 W. LAKE DASHA DRIVE

 City-St-Zip:
 PLANTATION, FL 33324

 Title:
 VP
 ( ) Delete

 Name:
 SUROWITZ, DAVID T

 Address:
 430 W. LAKE DASHA DRIVE

 City-St-Zip:
 PLANTATION, FL 33324

City-St-Zip: PLANTATION, FL 33324 US

Title: VP (X) Change ( ) Addition
Name: SUROWITZ, DAVID T
Address: 430 W. LAKE DASHA DRIVE

SUROWITZ, AHARONA PH.D.

430 W. LAKE DASHA DRIVE

PLANTATION, FL 33324 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID T. SUROWITZ VP 09/10/2009