

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P92000008283

1. Entity Name
CHILD AND FAMILY CONSULTANTS, INC.



FILED
07 AUG 07 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1800 PENN ST
STE 12
MELBOURNE, FL 32901 US**

Mailing Address
**1800 PENN ST
STE 12
MELBOURNE, FL 32901 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



06062007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3161522

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**WERNER, JOSEPH A
1800 PENN ST
SUITE 12
MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent
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 Joseph A. Werner DATE 7/13/07
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEIER, SUZANNE S 357 LOFTS DRIVE MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600108383496 08/21/07--01056--018 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POTTER, WENDY L 3305 CALLEDE MAR MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WERNER, JOSEPH A 1240 GUSTROW AVENUE N.W. PALM BAY, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICHOLS, MICHELINE A 8485 S TROPICAL TR MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph A. Werner DATE 7/11/07 DAYTIME PHONE # (321) 768-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

jc 8/8