

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000008726

FILED
Jan 08, 2004
Secretary of State

Entity Name: LIFE WORKS FAMILY THERAPY CENTER, INC.

Current Principal Place of Business:

4100 NW 3RD COURT
202
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

4100 NW 3RD COURT
202
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 65-0362227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGART, ODETTE D
4100 NW 3RD COURT #202
PLANTATION, FL 33317 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOGART, ODETTE D
Address: 12073 N.W. 32ND PLACE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VT () Delete
Name: RAWCLIFFE, JAMES
Address: 109 WEST RIVERBEND DRIVE
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: RAWCLIFFE, JAMES
Address: 5726 LAKEWOOD ROAD
City-St-Zip: SEBRING, FL 33875

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES RAWCLIFFE

VT

01/08/2004

Electronic Signature of Signing Officer or Director

Date