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FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000086692 (8)

1. Corporation Name

FAMILY COUNSELING CENTER OF SOUTH FLORIDA, INC.

Principal Place of Business

633 NORTHEAST 167 STREET, SUITE 1016
NORTH MIAMI BEACH FL 33162

Mailing Address

633 NORTHEAST 167 STREET, SUITE 1016
NORTH MIAMI BEACH FL 33162-2448



2. Principal Place of Business

21 12865 West Dixie Hwy.
Suite, Apt. #, etc.

2a. Mailing Address

26 10871 N. Golfview Dr.
Suite, Apt. #, etc.

22 City & State

23 North Miami, FL

27 City & State

28 Pembroke Pines, FL

24 Zip

33161

25 Country

U.S.

29 Zip

33026

30 Country

U.S.

9. Name and Address of Current Registered Agent

TRACTON, LINDA JO
633 N.E. 167TH ST.
SUITE 1016
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified
11/30/1994

3a. Date of Last Report
04/16/1996

4. FEI Number

65-0539603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Tracton, Linda Jo

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

10871 N. Golfview Dr.

83

84 City

Pembroke Pines

FL

85 Zip Code

33026

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
STREET ADDRESS TRACTON, LINDA J
CITY-ST-ZIP 633 NORTHEAST 167 STREET, SUITE 1016
NORTH MIAMI BEACH FL 33162

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] LINDA JO TRACTON, 954-4136-2385

CR2E034 (9/96)