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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000033369 (6)

THE FAMILY CENTER OF VERO BEACH, INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 17 1997 8:00am Secretary of State



1845 14TH AVE VERO BEACH FL 32960		1845 14TH AVE VERO BEACH FL 32960-3505							
					Date Incorporated or Qu 04/28/1995	alified	3a. Date of 01/24/1		eport
2. Principal Pla		2a. Mailing Address		4.	FEI Number			Ap	plied For
	A-1-A	26 1701 A-1	- A		59-3313897				t Applicable
Suite, Apt. #	#, etc. よ	Suite, Apt #, etc. 21	ی	5.	Certificate of Status Desi	ired		3.75 / Fee Re	Additional quired
City & State  23 VERO	BEALH FL	City & State  28 VL 10 BLCU	h, Fl.		Election Campaign Finar Trust Fund Contribution	ncing			May Be o Fees
24 329	63 25 Jnd. Ri	U. 29 32963	30 Ind.Ri	<i>).</i>	This corporation has liab Florida Statutes		Yes 🔲 No	)	199.032,
	9. Name and Address of C	urrent Registered Agent		<del></del>	Name and Address of I	New Rec	istered Agen	t	·*·····
	RAY, BRIGITTE B		81 Name	,					
1845 14TH AVE VERO BEACH FL 32960			L	Address (P	ress (P.O. Box Number is Not Acceptable)				
			83		**				
			84 City				FL 85	'	Code
11. Pursuant to	o the provisions of Sections 60	7.0502 and 607.1508, Florida Statu State of Florida. Such change was	es, the above name	d corporation	n submits this statement	for the p	urpose of char	nging it	s registered
office or re	egistered agent, or both, in the n labriliar with sing accept the	State of Horida. Such change was obligations of, Section 607.0505, Fl	autnorized by the co orida Statutes:	rporation's b	oard of directors. I herec	y accep	t the appointm	ieni as	registerea
	$\mathbb{K} \cap \mathbb{K} \times \mathcal{N}$	Tunaix BRIGI	/ 1 11	IRDA	7	ე	111/97		
CICKIATUDE	: 271 A V ~ M2								
SIGNATURE	Signature Typed or priviled rian is of register	red agent and title if a probable. (NO	E Registered Agent signatu				DATE		
SIGNATURE :		red agent and title if a cable. (NO S AND DIRECTORS	E Registered Ager) signatu 13.		//e nstating) ADDITIONS/CHANGES To	O OFFIC	ERS AND DIR		
	OFFICER:	red agent and title if and cable. (NO	E Registered Agen signatu 13. 1.1 TITLE			O OFFIC	ERS AND DIR	ECTOR Change	S IN 12
12.	OFFICER: D MURRAY, BRIGITTE B	red agent and title if a cable. (NO S AND DIRECTORS	E Registered Ager) signatu 13.		ADDITIONS/CHANGES TO	<u></u>	ERS AND DIR		
12. Till(E	OFFICER  D MURRAY, BRIGITTE B 1845 14TH AVE	red agent and title if a cable. (NO S AND DIRECTORS	E Registered Agen signatu 13. 1.1 TITLE		ADDITIONS/CHANGES TO	<u></u>	ERS AND DIR		
12. TITLE NAME	OFFICER: D MURRAY, BRIGITTE B	rod agent and file if and scable. (NO S AND DIRECTORS  DELETE	E Registered Agent signatu  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			<u></u>	212 2963	Change	Addition
12. TITLE NAME STREET ADDRESS	OFFICER  D MURRAY, BRIGITTE B 1845 14TH AVE	red agent and title if a cable. (NO S AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ADDITIONS/CHANGES TO	<u></u>	212 2963		
12. THE NAME STREET ADDRESS CHY-ST-7P	OFFICER  D MURRAY, BRIGITTE B 1845 14TH AVE	rod agent and file if and scable. (NO S AND DIRECTORS  DELETE	E Registered Agent signatu  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ADDITIONS/CHANGES TO	<u></u>	212 2963	Change	Addition
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12. THLE NAME STREET ADDRESS CHY-ST-7/P TILE NAME	OFFICER  D MURRAY, BRIGITTE B 1845 14TH AVE	red agent and ble of abd scable. (NO'S AND DIRECTORS  DELETE  DELETE	E Registered Agen) signatu  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	170 UE e0	ADDITIONS/CHANGES TO	<u></u>	212 2963	Change	Addition Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	OFFICER  D MURRAY, BRIGITTE B 1845 14TH AVE	rod agent and file if and scable. (NO S AND DIRECTORS  DELETE	13.   1.1 TITLE   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY - ST - ZIP   2.1 TITLE   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY - ST - ZIP   3.1 TITLE   3.1 TITLE	170 UE e0	ADDITIONS/CHANGES TO	<u></u>	212 2963	Change	Addition
12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP	OFFICER  D MURRAY, BRIGITTE B 1845 14TH AVE	red agent and ble of abd scable. (NO'S AND DIRECTORS  DELETE  DELETE	Ta.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	/70 VE 60	ADDITIONS/CHANGES TO	<u></u>	212 2963	Change	Addition Addition
12. THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME SIREET ADDRESS CHY-ST-ZIP THE	OFFICER  D MURRAY, BRIGITTE B 1845 14TH AVE	red agent and ble of abd scable. (NO'S AND DIRECTORS  DELETE  DELETE	13.   1.1 TITLE   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY - ST - ZIP   2.1 TITLE   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY - ST - ZIP   3.1 TITLE   3.1 TITLE	/70 VE 60	ADDITIONS/CHANGES TO	<u></u>	212 2963	Change	Addition Addition
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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.