


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000062160</b>				
1. Entity Name <b>SOUTH FLORIDA COUNSELING &amp; AWARENESS CENTER, INC.</b>				
Principal Place of Business <b>893 GARNET CIRCLE WESTON FL 33326</b>		Mailing Address <b>893 GARNET CIRCLE WESTON FL 33326</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt #, etc		Suite, Apt #, etc		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent  <b>BATTAGLINO, GARY J 893 GARNET CIRCLE WESTON FL 33326</b>				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div> 9. Election Campaign Financing <b>\$5.00</b> May P  Trust Fund Contribution <input type="checkbox"/> Added to Fees </div> </div>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	BATTAGLINO, GARY J	NAME		
STREET ADDRESS	893 GARNET CIRCLE	STREET ADDRESS		
CITY- ST- ZIP	WESTON FL 33326	CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP		CITY- ST- ZIP		



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0768046** Applied For Not Applicable

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

000000245414  
02/26/05-80026-118 150.00

12. I 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY J BATTAGLINO 2/25/05 954-261-4414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR