2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Aug 07, 2006 08:00 Al Secretary of State DOCUMENT # P97000062160 1. Entity Name SOUTH FLORIDA COUNSELING & AWARENESS CENTER, INC. Principal Place of Business Mailing Address 893 GARNET CIRCLE WESTON FL 33326 893 GARNET CIRCLE WESTON FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) Applied For 4. FEI Number City & State City & State 65-0768046 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BATTAGLINO, GARY J. 893 GARNET CIRCLE Street Address (P.O. Box Number is Not Acceptable) WESTON FL 33326 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change Addition TITLE BATTAGLINO, GARY J NAME NAME 893 GARNET CIRCLE U00000573608 STREET ADDRESS STREET ADDRESS WESTON FL 33326 CITY-ST-ZIP CITY-ST-7IP 09/07/06-80004-011 550.00 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE Delete STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY - ST - ZIP Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TIRE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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 of guidee empowered to execute this report as required by Chanter 607, Flonda Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #

changed, or on an attachme

SIGNATURE: