

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V57657** (1)

1. Corporation Name
THE CENTER FOR FAMILY THERAPY, P.A.



Principal Place of Business: **2015 GRANT PLACE MELBOURNE FL 32901**
Mailing Address: **2015 GRANT PLACE MELBOURNE FL 32901**

3. Date Incorporated or Qualified: **08/14/1992** 3a. Date of Last Report: **04/13/1995**
4. FEI Number: **59-3133599** 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. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: State, Apt. #, etc.:
22 City & State: **27**
City & State: City & State:
23 Zip: Country: **28**
Zip: Country: **29** **30**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83 **84** City: **FL** **85** Zip Code:

**BENNETT, BEVERLY C.
2015 GRANT PL
MELBOURNE FL 32901**

11. Pursuant to the provisions of Sections 607.060(2) and 607.150(3), 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. Said 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 607.060(3), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: BENNETT, BEVERLY C.		2. NAME:	
STREET ADDRESS: 2015 GRANT PL		3. STREET ADDRESS:	
CITY-STATE-ZIP: MELBOURNE FL		4. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6. NAME:	
STREET ADDRESS:		7. STREET ADDRESS:	
CITY-STATE-ZIP:		8. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		10. NAME:	
STREET ADDRESS:		11. STREET ADDRESS:	
CITY-STATE-ZIP:		12. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		14. NAME:	
STREET ADDRESS:		15. STREET ADDRESS:	
CITY-STATE-ZIP:		16. CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(a), 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 in an attachment with an address.

SIGNATURE: *Beverly C Bennett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 401-728-9949

CR2E034 (12/95)