

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N42651

**Entity Name:** ADVOCATES FOR CHILDREN AND FAMILIES, INC.

**Current Principal Place of Business:**

16831 NE 6TH AVE  
N MIAMI BCH, FL 33162

**Current Mailing Address:**

16831 NE 6TH AVE  
N MIAMI BCH, FL 33162 US

**FEI Number:** 65-0254656

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LAMARCHE, ROBERT C.  
16831 NE 6TH AVE  
N MIAMI BCH, FL 33162 US

*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.*

**SIGNATURE:** ROBERT C. LAMARCHE

06/21/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, SECRETARY, TREASURER  
Name ALLEN, GINGER  
Address 1421 NW 122 AVE  
City-State-Zip: PEMBROKE PINES FL 33026

Title D  
Name SCHARF, LINDA  
Address 1011 LINCOLN ST.  
City-State-Zip: HOLLYWOOD FL 33019

Title D  
Name FOSBACK, NORMAN  
Address 528 ALEXANDER PALM RD  
City-State-Zip: BOCA RATON FL 33432

Title S, PRESIDENT, DIRECTOR  
Name DIIOIA, JUDITH  
Address 761 NW 12TH AVE  
City-State-Zip: DANIA BEACH FL 33004

Title D, VP  
Name KNOWLES, PATRICIA  
Address 798 NW 153RD STREET  
City-State-Zip: MIAMI FL 33169

Title DRA  
Name LAMARCHE, ROBERT C.  
Address 320 NE 56TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33334

Title DIRECTOR, VP  
Name PRINGLE, MARGARET  
Address 3681 SW 17TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33312

Title DIRECTOR  
Name SHNEIDER, GARY  
Address 9833 WESTVIEW DR.  
#813  
City-State-Zip: CORAL SPRINGS FL 33076

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT C LAMARCHE

DRA

06/21/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            GARCIA-HALENAR, ALEJANDRO  
Address        8842 SOUTHERN ORCHARD ROAD  
City-State-Zip: N. DAVIE FL 33328