SIGNATURE:	ROBERT C. LAMARCHE			01/31/2017
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	DP	Title	D, T	
Name	HENSHAW, HARRY	Name	ALLEN, GINGER	
Address	1078 NE 94 STREET	Address	1421 NW 122 AVE	
City-State-Zip:	MIAMI SHORES FL 33138	City-State-Zip:	PEMBROKE PINES FL 33026	
Title	D	Title	D	
Name	SCHARF, LINDA	Name	FOSBACK, NORMAN	
Address	1011 LINCOLN ST.	Address	528 ALEXANDER PALM RD	
City-State-Zip:	HOLLYWOOD FL 33019	City-State-Zip:	BOCA RATON FL 33432	
Title	S	Title	D, VP	
Name	DIIOIA, JUDITH	Name	KNOWLES, PATRICIA	
Address	761 NW 12TH AVE	Address	798 NW 153RD STREET	
City-State-Zip:	DANIA BEACH FL 33004	City-State-Zip:	MIAMI FL 33169	
Title	DRA	Title	DIRECTOR	
Name	LAMARCHE, ROBERT C.	Name	FOSBACK, MYRNA	
Address	320 NE 56TH STREET	Address	20967 BLANCA TERR.	
City-State-Zip:	FORT LAUDERDALE FL 33334	City-State-Zip:	BOCA RATON FL 33433	
		Continues of	on page 2	

Name and Address of Current Registered Agent:

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.

16831 NE 6TH AVE

LAMARCHE, ROBERT C. 320 NE 56TH STREET FORT LAUDERDALE, FL 33334 US

DOCUMENT# N42651

Entity Name: ADVOCATES FOR CHILDREN AND FAMILIES, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

16831 NE 6TH AVE N MIAMI BCH, FL 33162

Current Mailing Address:

N MIAMI BCH. FL 33162 US

FEI Number: 65-0254656

Certificate of Status Desired: Yes

DIRECTOR

01/31/2017

Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

Date

FILED Jan 31, 2017 Secretary of State CC8092770425

SIGNATURE: ROBERT C. LAMARCHE

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

Officer/Director Detail Continued :

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