2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90106 042 ****70.00

DOCUMENT # 703860

1. Entity Name

CHILD GUIDANCE CENTER, INC.

Principal Place of Business	Mailing Address
5776 ST AUGUSTINE ROAD JACKSONVILLE FL 32207	5776 ST AUGUSTINE ROAD JACKSONVILLE FL 32207-8030

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0704727 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINGE, JACK
5776 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name: VERONICA W. VALENTINE

Street Address (P.O. Box Number is Not Acceptable): 5776 ST. AUGUSTINE ROAD

City: JACKSONVILLE FL Zip Code: 32207

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.

SIGNATURE: Jack Minge, Executive Director DATE: 1-5-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC BILELLO, MS. LORI 900 UNIVERSITY N. #202 JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	First vice chair The Honorable Judge Henry Davis 330 E. Bay St Jacksonville, FL 32202	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SCALES, MRS. GAYE G 2723 E. HOLLY POINT ROAD ORANGE PARK FL 32073	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Second vice chair Dr. Kay Johnson 2800 University Blvd. N Jacksonville, FL 32211	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROBERT BRIDGES 2700 INDEPENDENT SQUARE JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ms. Pam Nichols 225 Water Street, 7th Floor Jacksonville, FL 32202	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCINTOSH, ANN M 4063 RIBAULT RIVER LANE JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mr. Mike McCorvey 625 A1A North Ponte Vedra Beach, FL 32082	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HALKER, STEPHEN ESQUI ONE INDEPENDENT SQUARE #3000 JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mrs. Norma Lockwood 4944 Arapahoe Avenue Jacksonville, FL 32210	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mr. Nathaniel Glover 501 E. Bay Street Jacksonville, FL 32202	☐ Change ☐ Addition

CR2E037 (9/99)

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jack Minge SIGNATURE REQUIRED 1/5/2000 Executive Director 1-5-00 (904) 448-4700x217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JACK MINGE

#7038600

D00404235

CHILD GUIDANCE CENTER, INC.

ADDITIONAL BOARD OFFICERS AND DIRECTORS

Dr. William R. Turk
807 Nira Street
Jacksonville, Florida 32207

Dr. R. Taylor King
4237 Salisbury Road, #311
Jacksonville, Florida 32216

Mr. Jeffrey F. Scales
5107 Charlmagne Road
Jacksonville, Florida 32210

Mr. Joseph Strain
2831 Talleyrand Avenue
Jacksonville, Florida 32206