2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# 703860

Entity Name: CHILD GUIDANCE CENTER, INC.

Current Principal Place of Business:

5776 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

5776 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-0704727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VALENTINE, VERONICA W
5776 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32207 US

Name and Address of New 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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BILELLO, MS. LORI
Address: 900 UNIVERSITY N. #202
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: BRIDGES, ROBERT
Address: 4600 TOUCHTON RD., STE. 500
City-St-Zip: JACKSONVILLE, FL 32246

Title: S ( ) Delete
Name: MCINTOSH, ANNE
Address: 4063 RIBAULT RIVER LANE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D (X) Delete
Name: HALKER, STEPHEN ESQUI
Address: ONE INDEPENDANT DR., #2000
City-St-Zip: JACKSONVILLE, FL 32202

Title: T (X) Delete
Name: SCALES, JEFFREY F
Address: 5107 CHARLEMAGNE RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: CP (X) Delete
Name: MCCORVEY, MIKE
Address: 1325 HENDRICKS AVE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STRAIN, JOSEPH
Address: 2831 TALLEYRAND AVENUE
City-St-Zip: JACKSONVILLE, FL 32206

Title: T (X) Change ( ) Addition
Name: JEFFREY, SCALES
Address: 5107 CHARLEMAGNE ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH STRAIN P 01/06/2005
Electronic Signature of Signing Officer or Director — Date