

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90383 001 ***140.00

DOCUMENT # 703860

1. Entity Name
CHILD GUIDANCE CENTER, INC.



Principal Place of Business
**5776 ST AUGUSTINE ROAD
JACKSONVILLE FL 32207**

Mailing Address
**5776 ST AUGUSTINE ROAD
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0704727**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing -
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVC** ☐ Delete
NAME **BILELLO, MS. LORI**
STREET ADDRESS **900 UNIVERSITY N. #202**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CP** ☐ Delete
NAME **BRIDGES, ROBERT**
STREET ADDRESS **4600 TOUCHTON RD., STE. 500**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MCINTOSH, ANNE**
STREET ADDRESS **4063 RIBAUT RIVER LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Jacksonville, FL 32208**

TITLE **D** ☐ Delete
NAME **HALKER, STEPHEN ESQUI**
STREET ADDRESS **ONE INDEPENDANT DR., #2000**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **SCALES, JEFFREY F**
STREET ADDRESS **5107 CHARLEMAGNE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CP** ☐ Change ☒ Addition
NAME **Mike McCorvey**
STREET ADDRESS **1325 Hendricks Avenue**
CITY-ST-ZIP **Jacksonville, FL 32207**

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: **SIGNATURE REQUIRED**

11/15/03

904-421-3719

CR2E037 (10/02)