## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 704778** 

Apr 21, 2008 Secretary of State

Entity Name: FLORIDA COALITION FOR CHILDREN, INC.

**Current Principal Place of Business: New Principal Place of Business:** 200 WEST COLLEGE AVE. TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 200 WEST COLLEGE AVE TALLAHASSEE, FL 32301 FEI Number: 59-3435199 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUSICK, MICHAEL 200 WEST COLLEGE AVE TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition WILLIS, CARL CASEL, GLEN Name: Name: P.O. BOX 8190 Address: 605 CRESCENT EXEC CT. SUITE 428 Address: City-St-Zip: LAKELAND, FL 33802 City-St-Zip: LAKE MARY, FL 32746 Title: () Delete Title: (X) Change ( ) Addition ZYCHOWSKI, RON Name: FRYE, BILL Name: Address: 160 N. BEACH STREET Address: P.O. BOX 2000 City-St-Zip: DAYTONA BEACH, FL 32115 City-St-Zip: BOYS RANCH, FL 32064 Title: () Delete Title: (X) Change ( ) Addition ZYCHOWSKI, RON SALIM, NADEREH Name: Name: 160 N. BEACH STREET 2232 ALTAMONT AVE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32115 City-St-Zip: FT. MYERS, FL 33901 (X) Delete Title: Title: () Change () Addition Name: FRYE, BILL Name: Address: P.O. BOX 2000 Address: City-St-Zip: BOYS RANCH, FL 32064 City-St-Zip: Title: () Delete Title: () Change () Addition CUSICK, MICHAEL Name: Name: 200 WEST COLLEGE AVE. Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL D. CUSICK ED 04/21/2008