FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 30 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11461 (3)

1. Corporation Name

CHILDREN'S SERVICES OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
1440 JEFFERSON STREET N. JACKSONVILLE FL 32209	1440 JEFFERSON STREET N. JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2625008 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BLUMBERG, STEVEN
1440 JEFFERSON ST NORTH
JACKSONVILLE, FL 32209

10. Name and Address of New Registered Agent

31 Name: Stover, Cindy
32 Street Address (P.O. Box Number is Not Acceptable): 1440 Jefferson St North
33
34 City: Jacksonville FL 35 Zip Code: 32209

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Cindy Stover
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President	☒ Change ☐ Addition
NAME	BLUMBERG, STEVEN	1.2 NAME	Stover, Cindy (D)	
STREET ADDRESS	1440 JEFFERSON ST NORTH	1.3 STREET ADDRESS	1440 Jefferson St North	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	V	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	STOVER, CINDY	2.2 NAME	Taylor, William (D)	
STREET ADDRESS	1440 JEFFERSON ST NORTH	2.3 STREET ADDRESS	1440 Jefferson St North	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	S	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	RIEGLER, ROBYN	3.2 NAME	Dianne Lott (D)	
STREET ADDRESS	1440 JEFFERSON ST NORTH	3.3 STREET ADDRESS	1440 Jefferson St North	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	T	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	TAYLOR, WILLIAM	4.2 NAME	Johnson, Carolyn (D)	
STREET ADDRESS	1440 JEFFERSON ST NORTH	4.3 STREET ADDRESS	1440 Jefferson Street North	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	ED	5.1 TITLE	Executive Director	☐ Change ☐ Addition
NAME	LANIER, JANE R	5.2 NAME	Lanier, Jane R (D)	
STREET ADDRESS	1440 JEFFERSON STREET NORTH	5.3 STREET ADDRESS	1440 Jefferson Street North	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jane R. Lanier Jane R. Lanier 3/1/95 (904) 798-2950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0001823