

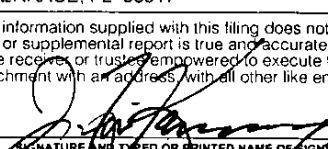
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90066 040 ****61.25

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DOCUMENT # N39014					
1. Entity Name PHOENIX PROGRAMS OF FLORIDA, INC.					
Principal Place of Business 936 SE FORT KING STREET OCALA, FL 34474 US			Mailing Address 15681 NORTH US HIGHWAY 301 CITRA, FL 32113		
2. Principal Place of Business - No P.O. Box # 6604 Harney Road			3. Mailing Address 6604 Harney Road		
Suite, Apt. #, etc. Suite B			Suite, Apt. #, etc. Suite B		
City & State Tampa, FL			City & State Tampa, FL		
Zip 33610	Country Hillsborough	Zip 33610	Country Hillsborough	4. FEI Number 59-3172948	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NATIONAL REGISTERED AGENTS, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				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 <u>N/A</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE	VRD	☐ Delete			
NAME	KAVANAGH, J. FINN				
STREET ADDRESS	5620 EAST FOWLER AVENUE STE 8				
CITY- ST- ZIP	TEMPLE TERRACE, FL 33617				
TITLE	D	☐ Delete			
NAME	CAPITANO, SR, JOSEPH				
STREET ADDRESS	5620 E. FOWLER AVE, SUITE 8				
CITY- ST- ZIP	TEMPLE TERRACE, FL 33617				
TITLE	D	☐ Delete			
NAME	COLLINS, JILL				
STREET ADDRESS	5620 E. FOWLER AVE, SUITE 8				
CITY- ST- ZIP	TEMPLE TERRACE, FL 33617				
TITLE	D	☐ Delete			
NAME	GIUNTA, SR, EDWARD				
STREET ADDRESS	5620 E. FOWLER AVE., SUITE 8				
CITY- ST- ZIP	TEMPLE TERRACE, FL 33617				
TITLE	D	☐ Delete			
NAME	GIUNTA, II, EDWARD F				
STREET ADDRESS	5620 E. FOWLER AVE, SUITE 8				
CITY- ST- ZIP	TEMPLE TERRACE, FL 33617				
TITLE	D	☐ Delete			
NAME	JETER, S. CHARLES PH.D				
STREET ADDRESS	5620 E. FOWLER AVE, SUITE 8				
CITY- ST- ZIP	TEMPLE TERRACE, FL 33617				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		☒ Change ☐ Addition			
NAME	See attached list of Officers and Directors				
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☒ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☒ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☒ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		J. Finn Kavanagh		1/18/08 813/627-0137 ext. 6210	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	