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	Mailing Address
936 SE FORT KING STREET OCALA, FL 34474 US	15681 NORTH US HIGHWAY 301 CITRA, FL 32113

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6604 Harney Road	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

01082008 Chg-NP CR2E037 (12/06)

4. FEI Number: 59-3172948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

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 N/A
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VRD KAVANAGH, J. FINN 5620 EAST FOWLER AVENUE STE 8 TEMPLE TERRACE, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	See attached list of Officers and Directors	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPITANO, SR, JOSEPH 5620 E. FOWLER AVE, SUITE 8 TEMPLE TERRACE, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLINS, JILL 5620 E. FOWLER AVE, SUITE 8 TEMPLE TERRACE, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIUNTA, SR, EDWARD 5620 E. FOWLER AVE., SUITE 8 TEMPLE TERRACE, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIUNTA, II, EDWARD F 5620 E. FOWLER AVE, SUITE 8 TEMPLE TERRACE, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JETER, S. CHARLES PH.D 5620 E. FOWLER AVE, SUITE 8 TEMPLE TERRACE, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition

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 #