2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State
02-14-2003 90188 017 ***150.00

DOCUMENT # P02000008791

1. Entity Name
FAMILY & CHILD DEVELOPMENT OF NORTHWEST FLORIDA, INC.

Principal Place of Business
C/O WILLIAM SCOTT FOSTER
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH FL 32547

Mailing Address
C/O WILLIAM SCOTT FOSTER
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH FL 32547

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 04-3621023 ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**
FOSTER, WILLIAM SCOTT
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH FL 32547

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BROWN, DONALD G	
STREET ADDRESS	906 MAR WALT DR., STE. C	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	
TITLE	D	☐ Delete
NAME	SILVERS, DAVID A	
STREET ADDRESS	906 MAR WALT DR., STE C	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	348 Miracle Strip Parkway, Suite 3	
CITY-ST-ZIP	Fort Walton Beach, FL 32548	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	348 Miracle Strip Parkway, Suite 3	
CITY-ST-ZIP	Fort Walton Beach, FL 32548	
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		
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 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 607, 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 [signature] 2/11/03 (850)862-3772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #
Donald G. Brown David A. Silvers

CR2E034 (10/02)