

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704778

FILED  
Apr 12, 2005  
Secretary of State

**Entity Name:** FLORIDA COALITION FOR CHILDREN, INC.

**Current Principal Place of Business:**

864 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

864 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-3435199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUSICK, MICHAEL  
864 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: PATRICK, PAULINE  
Address: 3651 HARTSFIELD ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: V ( ) Delete  
Name: JOHNSON, LEE  
Address: ONE SOUTH SCHOOL AVE, SUITE 101  
City-St-Zip: SARASOTA, FL 34237

Title: S ( ) Delete  
Name: BUXBAUM, PAUL  
Address: 45 WESTWOOD TERRACE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: T ( ) Delete  
Name: JAACKS, MELISSA  
Address: 3333 WEST PENSACOLA  
City-St-Zip: TALLAHASSEE, FL 32304

Title: ED ( ) Delete  
Name: CUSICK, MICHAEL  
Address: 864 E. PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JOHNSON, LEE  
Address: ONE SOUTH SCHOOL AVE. SUITE 301  
City-St-Zip: SARASOTA, FL 34237

Title: V (X) Change ( ) Addition  
Name: CARMICHEL, ALEX  
Address: 51 MAIN STREET  
City-St-Zip: ENTERPRISE, FL 32725

Title: S (X) Change ( ) Addition  
Name: WILLIS, CARL  
Address: P.O. BOX 8190  
City-St-Zip: LAKELAND, FL 33802

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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

E.D.

04/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date