

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703860

Entity Name: CHILD GUIDANCE CENTER, INC.**Current Principal Place of Business:**5776 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207**Current Mailing Address:**5776 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207**FEI Number:** 59-0704727**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHILD GUIDANCE CENTER
5776 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32207 US*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:** THERESA RULIEN

04/07/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIR
Name SWIGER, LINDSAY
Address 501 RIVERSIDE AVENUE
SUITE 902
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT/CEO
Name RULIEN, THERESA DR.
Address 5776 ST AUGUSTINE ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title FIRST VICE CHAIR
Name PYLE, JENNIFER
Address 601 RIVERSIDE AVENUE
BUILDING 1
City-State-Zip: JACKSONVILLE FL 32204

Title S
Name MIRIAM, CROWE
Address 2790 SHENANDOAH DRIVE, S
City-State-Zip: ORANGE PARK FL 32065

Title CFO
Name CARTER, WALTER
Address 5776 ST AUGUSTINE ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title SECOND VICE CHAIR
Name ASYRE, ELIOT PHD
Address 349 OULOOK DRIVE
City-State-Zip: PONTE VEDRA FL 32082

I hereby 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 all other like empowered.

SIGNATURE: THERESA RULIEN

PRESIDENT/CEO

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date