2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715271

FILED Mar 27, 2009 Secretary of State

Entity Name: THE CHILD AND FAMILY DEVELOPMENTAL CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 6710 86TH AVE., N. PINELLAS PARK, FL 33782 US **Current Mailing Address: New Mailing Address:** 6710 86TH AVE., N. PINELLAS PARK, FL 33782 US FEI Number: 59-1232760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HICKS, ANDREW P. 3598 10 ST. NE ST. PETERSBURG, FL 33704 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition MCKELVEY, BRUCE T. Name: Name: 52 BRITTANY DR. S. #1103 Address: Address: City-St-Zip: ST. PETERSBURG, FL City-St-Zip: Title: PSD () Delete Title: **PSD** (X) Change () Addition HICKS, ANDREW P. Name: HICKS, ANDREW P. Name: Address: 3598 10 ST. NE Address: 3598 10 ST. NE City-St-Zip: ST. PETERSBURG, FL City-St-Zip: ST. PETERSBURG, FL 33704 Title: () Delete Title: (X) Change () Addition IRVIN, JOHN L. IRVIN, JOHN L. Name: Name: 2554 68 AVENUE SO Address: 2554 68 AVENUE SO Address: City-St-Zip: ST. PETERSBURG, FL City-St-Zip: ST. PETERSBURG, FL 33712 Title: () Delete Title: () Change () Addition MALOOF, EDWARD K. Name: Name: 10 PARADISE LANE Address: Address: City-St-Zip: TREASURE ISLAND, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition DETWEILER, ROBERT E DETWEILER, ROBERT E Name: Name: 8482 BEAUVILLE 8482 BEAUVILLE Address: Address: City-St-Zip: PINELLAS PARK, FL City-St-Zip: PINELLAS PARK, FL 33781

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANDREW P. HICKS P 03/27/2009