

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 731145

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: DICK HOWSER CENTER FOR CHILDHOOD SERVICES, INC.

Current Principal Place of Business:

1235 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1235 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-1553555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, LINDA
39 EGRET STREET N.
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

SUMNER, NANCY C
7432 DRESDEN ROAD
TALLAHASSEE, FL 32309 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: NANCY SUMNER

04/25/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHUMBLER, BRENT
Address: PO BOX 5257
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPD () Delete
Name: DUNBAR, SUSAN
Address: 4811 HIGHGROVE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD () Delete
Name: BALDINO, MARK D
Address: 2602 LOTUS DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: SJOSTROM, ERIN
Address: 2107 ELLICOTT DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BRENT CHUMBLER

PD

04/25/2002

Electronic Signature of Signing Officer or Director

Date