2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731145

FILED Apr 29, 2004 Secretary of State

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

New Principal Place of Business: Current Principal Place of Business: 1235 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 1235 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 US FEI Number: 59-1553555 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: TUCKER, DEBRAS 703 W FRANKLIN ST QUINCY, FL 32351 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: () Delete () Change () Addition CHUMBLER, BRENT Name: Name: PO BOX 5257 Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition Name: OWENBY, ERMINE Name: OWENBY, ERMINE Address: 817 ELIZABETH DR Address: 817 ELIZABETH DR City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: (X) Change () Addition CRUZ-BROWN, KELLY LINDA, BERGMAN Name: Name: 215 S. MONROE ST Address: Address: 601 N MONROE ST City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301 () Delete Title: RD Title: VPD (X) Change () Addition DONALDSON, MICHAEL DONALDSON, MICHAEL Name: Name: Address: 215 S. MONROE ST Address: 215 S. MONROE ST City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301

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 04/29/2004