

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731145

FILED
Apr 22, 2008
Secretary of State

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

Current Principal Place of Business:

240 MABRY ST
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

240 MABRY ST
TALLAHASSEE, FL 32304 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:

KUHLMEIER, PAMELA J
5225 HIGH COLONY DRIVE
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

BRANTLEY, SHELLY M
2122 E RANDOLPH CIRCLE
TALLAHASSEE, FL 32308 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: SHELLY BRANTLEY

04/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLACK, STEVE
Address: 1512 BENT WILLOW DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: SD (X) Delete
Name: BALLARD, MARY
Address: 2605 HAYWARD DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

Title: TD () Delete
Name: LINDA, BERGMAN
Address: 601 N MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPD () Delete
Name: DONALDSON, MICHAEL
Address: 215 S. MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

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 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: STEVE BLACK

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date