

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731145

FILED
Apr 18, 2011
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 (X)

Name and Address of Current Registered Agent:

GOODWILL INDUSTRIES-BIG BEND, INC.
300 MABRY STREET
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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:

Title: MS.
Name: LAY, BARBARA
Address: 190 COOPERWOOD ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MR.
Name: MARTIN, HOWARD
Address: 8820 WINGED FOOT DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MS.
Name: BRUECKHEIMER, PATRICIA
Address: 1304 BETTON ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: MS.
Name: LARKIN, STACY
Address: 213 W 34TH PLACE
City-St-Zip: TALLAHASSEE, FL 32401

Title: MS.
Name: SINGLETON, JAMIE
Address: 2750 OLD ST AUGUSTINE APT S-194
City-St-Zip: TALLAHASSEE, FL 32301

Title: MS.
Name: STREB, KIMBERLY
Address: 1605 B AKRIDGE DR
City-St-Zip: TALLAHASSEE, FL 32308

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: KIMBERLY STREB

MS.

04/18/2011

Electronic Signature of Signing Officer or Director

Date