

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90057 043 \*\*\*\*61.25

DUPLICATE

**DOCUMENT # 731145**

1. Entity Name  
**DICK HOWSER CENTER FOR CHILDHOOD SERVICES, INC.**



Principal Place of Business  
1235 MICCOSUKEE ROAD  
TALLAHASSEE FL 32308

Mailing Address  
1235 MICCOSUKEE ROAD  
TALLAHASSEE FL 32308  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1553555**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMNER, NANCY C  
7432 DRESDEN ROAD  
TALLAHASSEE FL 32309

Name **Debra S. Tucker**  
Street Address (P.O. Box Number is Not Acceptable)

**703 W. Franklin St**

City **Quincy** **FL** Zip Code **32351**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Debra S. Tucker*

DATE **9/4/03**

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **CHUMBLER, BRENT**  
STREET ADDRESS **PO BOX 5257**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD**  Delete  
NAME **DUNBAR, SUSAN**  
STREET ADDRESS **4811 HIGHGROVE ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  Change  Addition  
NAME **VPD ERMINE OWENBY**  
STREET ADDRESS **817 ELIZABETH DR**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **SD**  Delete  
NAME **BALDINO, MARK D**  
STREET ADDRESS **2602 LOTUS DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE  Change  Addition  
NAME **SD KELLY CRUZ-BROWN**  
STREET ADDRESS **215 S. MONROE ST.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **D**  Delete  
NAME **SJOSTROM, ERIN**  
STREET ADDRESS **2107 ELLICOTT DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE  Change  Addition  
NAME **T.D. MICHAEL DONALDSON**  
STREET ADDRESS **215 S. MONROE ST.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brent Chumblere*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **9/5/03**

PHONE **850-205-5250**

CR2E037 (4/03)