

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

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04192006 Chg-NP CR2E037 (11/05)

DOCUMENT # 736443 1. Entity Name FLORIDA NETWORK OF YOUTH AND FAMILY SERVICES, INCORPORATED					
Principal Place of Business 2850 PABLO AVENUE TALLAHASSEE, FL 32308 US			Mailing Address 2850 PABLO AVENUE TALLAHASSEE, FL 32308 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1696847	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RICHTER, MARY D 2850 PABLO AVE TALLAHASSEE, FL 32308				Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PRES		TITLE		
NAME	TUELL, KATHY		NAME		
STREET ADDRESS	73 HIGH POINT ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER, FL 33071		CITY-ST-ZIP		
TITLE	VP		TITLE		
NAME	BUTLER-MILLER, KAREN		NAME		
STREET ADDRESS	2534 EAST NEPTUNE ROAD		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP		
TITLE	VP		TITLE		
NAME	JOHNSON, LEE		NAME		
STREET ADDRESS	1 SOUTH SCHOOL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP		
TITLE	TREA		TITLE		
NAME	LEDECKY, PETER DR		NAME		
STREET ADDRESS	3627 A. WEST WATERS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	PEARCE, JIM		NAME		
STREET ADDRESS	3615 SW 13TH STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	MAGRILL, GEORGE		NAME		
STREET ADDRESS	7524 PLATHE RD		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 04/20/06 Daytime Phone # 850.922.9324		