

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736443

FILED  
Aug 31, 2007  
Secretary of State

**Entity Name:** FLORIDA NETWORK OF YOUTH AND FAMILY SERVICES, INCORPORATED

**Current Principal Place of Business:**

2850 PABLO AVENUE  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

2850 PABLO AVENUE  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 59-1696847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RICHTER, MARY D  
2850 PABLO AVE  
TALLAHASSEE, FL 32308 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: PRES ( ) Delete  
Name: TUELL, KATHY  
Address: 73 HIGH POINT ROAD  
City-St-Zip: TAVERNIER, FL 33071

Title: VP ( ) Delete  
Name: BUTLER-MILLER, KAREN  
Address: 2534 EAST NEPTUNE ROAD  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP ( ) Delete  
Name: JOHNSON, LEE  
Address: 1 SOUTH SCHOOL AVENUE  
City-St-Zip: SARASOTA, FL 34237

Title: TREA ( ) Delete  
Name: LEDECKY, PETER DR  
Address: 3627 A. WEST WATERS AVENUE  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: PEARCE, JIM  
Address: 3615 SW 13TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: MAGRILL, GEORGE  
Address: 7524 PLATHE RD  
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: MILLER, KAREN  
Address: 2534 EAST NEPTUNE ROAD  
City-St-Zip: KISSIMMEE, FL 34744

Title: TREA (X) Change ( ) Addition  
Name: HARPER, JANE  
Address: 5180 62ND AVENUE NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: BROOKS, LAWRENCE  
Address: 415 AVENUE A, SUITE 101  
City-St-Zip: FORT PIERCE, FL 34950

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: MARY D. RICHTER

ED

08/31/2007

Electronic Signature of Signing Officer or Director

Date