

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736443

FILED
Apr 02, 2008
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 ()

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: MILLER, KAREN
Address: 2534 EAST NEPTUNE ROAD
City-St-Zip: KISSIMMEE, FL 34744

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

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

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

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

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

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

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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: KEITH DEAN

CFO

04/02/2008

Electronic Signature of Signing Officer or Director

Date