2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# 736581

Entity Name: THE FLORIDA CENTER FOR CHILDREN AND YOUTH, INC.

Current Principal Place of Business:

515 E PARK AVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 956
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-1710785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINTACUDA, LARRY
515 E PARK AVE
TALLAHASSEE, FL 32314 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: VD ( ) Delete
Name: ZEGEL, CAROLE
Address: 11011 NW 12TH PL
City-St-Zip: GAINESVILLE, FL

Title: SD ( ) Delete
Name: THOMAS, JOHN C
Address: PO BOX 1757
City-St-Zip: TALLAHASSEE, FL 32302

Title: T ( ) Delete
Name: ARENSON, GARY
Address: 10231 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: ED (X) Delete
Name: LEVINE, JACK,
Address: 515 E PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD ( ) Delete
Name: STENGLE, DAN
Address: PO BOX 6526
City-St-Zip: TALLAHASSEE, FL 32314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: ARENSON, GARY
Address: 2525 EMBASSY DRIVE, SUITE 5
City-St-Zip: COOPER CITY, FL 33026

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 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 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: DAN R. STENGLE PD 01/13/2004

Electronic Signature of Signing Officer or Director — Date