


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90004 026 ****61.25

DOCUMENT # 736581 1. Entity Name THE FLORIDA CENTER FOR CHILDREN AND YOUTH, INC.					
Principal Place of Business 515 E PARK AVE TALLAHASSEE, FL 32301 US			Mailing Address PO BOX 956 TALLAHASSEE, FL 32302 US		
2. Principal Place of Business 407-1 E. Tennessee St.			3. Mailing Address Suite, Apt. #, etc.		
City & State Tallahassee FL			City & State		
Zip 32301		Country US		4. FEI Number 59-1710785	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PINTACUDA, LARRY 515 E PARK AVE TALLAHASSEE, FL 32314			7. Name and Address of New Registered Agent Name Dan Stengle Street Address (P.O. Box Number is Not Acceptable) 123 South Calhoun Street City Tallahassee FL Zip Code 32301		
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 <u><i>Dan Stengle</i></u> 8/08/05 <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 September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	VD ZEGEL, CAROLE 11011 NW 12TH PL GAINESVILLE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Candy McKinney-Coates 11134 Pennellway Trace Tallahassee, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, JOHN C PO BOX 1757 TALLAHASSEE, FL 32302	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michelle Anchor S 904 Mar Walt Drive, Suite 1014 Ft. Walton Beach, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARENSEN, GARY 2525 EMBASSY DRIVE, SUITE 5 COOPER CITY, FL 33026	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STENGLE, DAN PO BOX 6526 TALLAHASSEE, FL 32314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.					
SIGNATURE: <u><i>Dan Stengle</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8/08/05 <small>Date Daytime Phone #</small>	

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