

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736581

FILED  
May 26, 2006  
Secretary of State

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

**Current Principal Place of Business:**

487-1 E. TENNESSEE STREET  
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 ( )**  
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:**

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

STENGLE, DAN  
123 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301 US

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: D ( ) Delete  
Name: MCKINNEY-COATES, CANDY  
Address: 11134 PENNEWAW TRACE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete  
Name: ANCHORS, MICHELLE  
Address: 909 MAR WALT DRIVE, SUITE 1014  
City-St-Zip: FORT WALTON BEACH, FL 32547

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: ( ) 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 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: DAN STENGLE

PD

05/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date