2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736949

FILED Apr 08, 2005 Secretary of State

Entity Name: JUVENILE SERVICES PROGRAM, INC.

Current Principal Place of Business: New Principal Place of Business: 15500 GEORGE BLVD CLEARWATER, FL 33760 **Current Mailing Address: New Mailing Address:** 15500 GEORGE BLVD CLEARWATER, FL 33760 FEI Number: 59-1717620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COX, ISABELLA S 11079 TRADEWINDS. BLVD. LARGO, FL 33773 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: COBD () Delete () Change () Addition COX, ISABELLA S Name: Name: 11079 TRADEWINDS BLVD. Address: Address: City-St-Zip: LARGO, FL 33773 US City-St-Zip: Title: DD Title: (X) Change () Addition () Delete AMADIO, DOMINIC E., Name: AMADIO, DOMINIC E., Name: Address: 100 34TH ST. N Address: 3500 5TH AVENUE NORTH SUTIE D City-St-Zip: ST PETERSBURG, FL 33713 City-St-Zip: ST PETERSBURG, FL 33713 Title: () Delete Title: () Change () Addition ROWAN, KATHRYN Name: Name: 18167 US HIGHWAY 19 NORTH, #580 Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: Title: MALD () Delete Title: () Change () Addition Name: WALKER, MORDECAL Name: Address: 231 DRIFTWOOD ROAD SOUTH Address: City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: Title: () Delete Title: (X) Change () Addition COX, ISABELLA S COX, ISABELLA S Name: Name: 3435 1ST AVE. SO 15500 GEORGE BLVD. Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33711 City-St-Zip: CLEARWATER, FL 33760 Title: () Delete Title: () Change (X) Addition O'BRIEN, GERARD JUDGE Name: Name: Address: Address: 7995 BOGIE AVENUE NORTH ST. PETERSBURG, FL 33710 City-St-Zip: 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: ISABELLA S. COX PRES 04/08/2005