

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736949

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: JUVENILE SERVICES PROGRAM, INC.

**Current Principal Place of Business:**

15500 GEORGE BLVD  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

15500 GEORGE BLVD  
CLEARWATER, FL 33760

**New Mailing Address:**

FEI Number: 59-1717620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COX, ISABELLA S  
11079 TRADEWINDS. BLVD.  
LARGO, FL 33773 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: COBD ( ) Delete  
Name: COX, ISABELLA S  
Address: 11079 TRADEWINDS BLVD.  
City-St-Zip: LARGO, FL 33773 US

Title: DD ( ) Delete  
Name: AMADIO, DOMINIC E.,  
Address: 3500 5TH AVENUE NORTH SUTIE D  
City-St-Zip: ST PETERSBURG, FL 33713

Title: FD ( ) Delete  
Name: ROWAN, KATHRYN  
Address: 18167 US HIGHWAY 19 NORTH, #580  
City-St-Zip: CLEARWATER, FL 33764

Title: MALD ( ) Delete  
Name: WALKER, MORDECAI  
Address: 231 DRIFTWOOD ROAD SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: P ( ) Delete  
Name: COX, ISABELLA S  
Address: 15500 GEORGE BLVD.  
City-St-Zip: CLEARWATER, FL 33760

Title: D ( ) Delete  
Name: O'BRIEN, GERARD JUDGE  
Address: 7995 BOGIE AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: FD (X) Change ( ) Addition  
Name: GERARDO, KATHRYN L.  
Address: 2877 BAYSHORE TRAILS DRIVE  
City-St-Zip: TAMPA, FL 33611 55

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: ISABELLA S. COX

DIRE

01/05/2006

Electronic Signature of Signing Officer or Director

Date