

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736949

FILED
Jan 03, 2008
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: GERARDO, KATHRYN L.
Address: 2877 BAYSHORE TRAILS DRIVE
City-St-Zip: TAMPA, FL 33611 55

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 (X) Delete
Name: BOLIVAR, GLORIDA
Address: 13202 DORCHESTER DRIVE
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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

P

01/03/2008

Electronic Signature of Signing Officer or Director

Date