

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736949

FILED
Jan 04, 2011
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 (X)

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: P
Name: COX, ISABELLA S
Address: 11079 TRADEWINDS BLVD.
City-St-Zip: LARGO, FL 33773 US

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

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

Title: MALD
Name: ABRAMS, SHIRLEY A
Address: 2326 - 22ND STREET S
City-St-Zip: ST. PETERSBURG, FL 33712

Title: MALD
Name: DINAN, RICHARD
Address: 4400 WEST SPRUCE STREET #227
City-St-Zip: TAMPA, FL 33607

I hereby 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 all other like empowered.

SIGNATURE: ISABELLA COX

PRES

01/04/2011

Electronic Signature of Signing Officer or Director

Date