

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747853

FILED
Feb 09, 2005
Secretary of State

Entity Name: THE FLORIDA CENTER FOR CHILD AND FAMILY DEVELOPMENT, INC.

Current Principal Place of Business:

4620 17TH ST
SARASOTA, FL 34235 US

New Principal Place of Business:

Current Mailing Address:

4620 17TH ST
SARASOTA, FL 34235 US

New Mailing Address:

FEI Number: 59-1947024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, PETER
4620 17TH STREET
SARASOTA, FL 34235 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: TR () Delete
Name: NICHOLS, JOHN
Address: 4001 BENEVA RD., #415
City-St-Zip: SARASOTA, FL 34233

Title: CH () Delete
Name: TAYLOR, GINA
Address: 630 NORTH RIVER RD.
City-St-Zip: VENICE, FL 34293

Title: VC () Delete
Name: MILLER, JANICE
Address: 4620 17TH ST
City-St-Zip: SARASOTA, FL 34235

Title: S () Delete
Name: PEPPER, SANDRA
Address: 1515 RINGLING BLVD
City-St-Zip: SARASOTA, FL 34236

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TR (X) Change () Addition
Name: LUCKETT, DOUGLAS
Address: 5731 BEE RIDGE RD
City-St-Zip: SARASOTA, FL 34233

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

Title: VC (X) Change () Addition
Name: MALKIN, CINDY
Address: 4089 ROBERT PT. RD
City-St-Zip: SARASOTA, FL 34242

Title: S (X) Change () Addition
Name: STEELE, RITA B
Address: 1828 ROLAND STREET
City-St-Zip: SARASOTA, FL 34231

Title: CEO () Change (X) Addition
Name: HOWARD, PETER D LCSW
Address: 4620 17TH STREET
City-St-Zip: SARASOTA, FL 34235

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: PETER D. HOWARD, LCSW

CEO

02/09/2005

Electronic Signature of Signing Officer or Director

Date