

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747853

FILED  
Jan 23, 2007  
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 (X)**

**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: ERB, CAL  
Address: 3148A SOUTHGATE CIRCLE  
City-St-Zip: SARASOTA, FL 34239

Title: VC ( ) Delete  
Name: DUNLAP, MELISSA  
Address: 1381 HARBOR DRIVE  
City-St-Zip: SARASOTA, FL 34239

Title: CH ( ) Delete  
Name: MALKIN, CINDY  
Address: 4089 ROBERT PT. RD  
City-St-Zip: SARASOTA, FL 34242

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

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

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

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

Title: VC (X) Change ( ) Addition  
Name: BROWN, BARBARA  
Address: 1423 KIMLIRA LANE  
City-St-Zip: SARASOTA, FL 34231

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: PETER D. HOWARD

CEO

01/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date