

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747853

FILED
Apr 16, 2009
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:

SZAKACS, MAUREEN
4620 17TH STREET
SARASOTA, FL 34235 US

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: MAUREEN SZAKACS, CFO

04/16/2009

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: BROWN, BARBARA
Address: 1423 KIMLIRA LANE
City-St-Zip: SARASOTA, FL 34231

Title: CH () Delete
Name: MILLER, JAN
Address: 8592 POTTER PARK DRIVE
City-St-Zip: SARASOTA, FL 34238

Title: S () Delete
Name: VOLLMER, DEBORAH
Address: 826 NORSOTA WAY
City-St-Zip: SARASOTA, FL 34242

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VC (X) Change () Addition
Name: JOHNSON, BILL
Address: 3455 WEST FOREST LAKES DRIVE
City-St-Zip: SARASOTA, FL 34232

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

Title: S (X) Change () Addition
Name: BAILEY, NANCY
Address: 3290 GLENNA LANE
City-St-Zip: SARASOTA, FL 34239

Title: CEO (X) Change () Addition
Name: SHEA, KATHRYN
Address: 4620 17TH STREET
City-St-Zip: SARASOTA, FL 34235

Title: CFO () Change (X) Addition
Name: SZAKACS, MAUREEN
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 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: MAUREEN SZAKACS

CFO

04/16/2009

Electronic Signature of Signing Officer or Director

Date