


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90005 020 ****70.00

DOCUMENT # 759126 1. Entity Name CHILDREN'S CRISIS CENTER, INC.	
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Principal Place of Business 655 W 8TH STREET JACKSONVILLE, FL 32209	Mailing Address P O BOX 40279 JACKSONVILLE, FL 32203 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01072004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2148987		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent WATSON, DENISE, ATTY. 218 E ASHLEY ST JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, DIANNE 942 CRESWELL LANE WEST JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Simon, Bert 12812 Julian Cove Lane Jacksonville, FL 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURR, EDWARD 3903 DUVAL DRIVE JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S D Talak, Lynette 224 Belmont Dr. Jacksonville, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD WHITWORTH, J.M. 842 CEDAR ST JACKSONVILLE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUEY, LOUISE CPA 2917 ISSER COURT JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, PATRICIA 3519 HILLIARD RD JACKSONVILLE, FL 32217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALSTEAD, KATHIE 3180 TIMBERLAKE POINT PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dianne E. Parker **2/19/04 542-2766 X130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

A. L. Lemen

759126

**Children's Crisis Center, Inc.
Board of Directors
January 1, 2004**

Dianne E. Parker, President
942 Cresswell Lane West
Jacksonville, FL 32221
904-542-2766

Suzi Lemen
229 West Shores Rd.
Orange Park, FL 32003
904-278-5383

Bert C. Simon, Vice-President
1660 Prudential Dr., Suite 203
Jacksonville, FL 32207
904-399-0870

Dorothy Pate
318 Glynlea Rd.
Jacksonville, FL 32216
904-725-4641

Lynette Talak, Secretary/Treasurer
10419 Marble Egret Ct. E.
Jacksonville, FL 32257
904-262-4963

Connie Robbins
112 Lake Julia Dr. N.
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904-273-0731

Edward E. Burr
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Kathie Halstead
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Valerie Strickland-Smith
12928 Jupiter Hills Circle N.
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Brenda Kelly
4210 Winderpark Ct
Jacksonville, FL 32257
904-630-1385