

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759126

FILED
Mar 27, 2007
Secretary of State

Entity Name: CHILDREN'S CRISIS CENTER, INC.

Current Principal Place of Business:

P.O. BOX 61867
JACKSONVILLE, FL 322361867 US

New Principal Place of Business:

225 WATER STREET
SUITE 710
JACKSONVILLE, FL 32202 US

Current Mailing Address:

P.O. BOX 61867
JACKSONVILLE, FL 322361867 US

New Mailing Address:

P.O. BOX 41566
JACKSONVILLE, FL 32203 US

FEI Number: 59-2148987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, KEVIN
P. O. BOX 61867
JACKSONVILLE, FL 322361867 US

Name and Address of New Registered Agent:

DUVALL, JOHN E ESQUIRE
225 WATER STREET
SUITE 710
JACKSONVILLE, FL 32261867 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: JOHN E. DUVALL, ESQUIRE

03/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARKER, DIANNE
Address: 942 CRESWELL LANE WEST
City-St-Zip: JACKSONVILLE, FL 32221

Title: D (X) Delete
Name: BURR, EDWARD
Address: 3903 DUVAL DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP (X) Delete
Name: SIMON, BERT
Address: 12812 JULIAN COVE LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: TSD () Delete
Name: TALAK, LYNETTE
Address: 224 BELMONT DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: HAGANS, AL JR.
Address: 550 WATER STREET, SUITE 1303
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: LEMEN, SUZI
Address: 229 WEST SHORES ROAD
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: DIANNE E. PARKER

PD

03/27/2007

Electronic Signature of Signing Officer or Director

Date