## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 759175** 

SARASOTA, FL 34234

FILED Jaņ 06, 2<u>00</u>6 Secretary of State

Entity Name: CHILD PROTECTION CENTER, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

1750 17TH STREET, BLDG, L 1750 17TH STREET

BLDG L

SARASOTA, FL 34234

**Current Mailing Address: New Mailing Address:** 

1750 17TH STREET, BLDG, L 1750 17TH STREET SARASOTA, FL 34234

BLDG L

SARASOTA, FL 34234

FEI Number: 59-2113850 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NANCY FLANAGAN STEVE ELLIS

5514 AZURE WAY 1800 SECOND STREET SARASOTA, FL 34242 US SUITE 888

SARASOTA, FL 34236 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: STEVE ELLIS 01/06/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

ROBINSON, FREDRICK A FR. BASTEK, WILLIAM Name: Name: 222 S. PALM AVENUE Address: P.O. BOX 4097 Address:

City-St-Zip: SARASOTA, FL 34236 US City-St-Zip: SARASOTA, FL 34230 US

Title: () Delete Title: (X) Change ( ) Addition

PITCHFORD, MALCOM Name: CLAMAGE, GEORGINA Name: Address: P.O. BOX 49948 Address: 1801 MAIN STREET City-St-Zip: SARASOTA, FL 34230 US City-St-Zip: SARASOTA, FL 34236 US

Title: PD () Delete Title: SD (X) Change ( ) Addition

FLANAGAN, NANCY FLANAGAN, NANCY Name: Name: 5514 AZURE WAY 5514 AZURE WAY Address: Address: City-St-Zip: SARASOTA, FL 34242 US City-St-Zip: SARASOTA, FL 34242 US

Title: SD () Delete Title: PD (X) Change ( ) Addition

Name: RUSS, VALARIE Name: ELLIS, STEVE

1800 SECOND STREET, SUITE 888 Address: **1477 10TH STREET** Address:

City-St-Zip: SARASOTA, FL 34236 US City-St-Zip: SARASOTA, FL 34236 US

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: STEVE ELLIS **PRES** 01/06/2006