

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90110 008 \*\*\*\*61.25

**DOCUMENT # 768624**

1. Entity Name

**NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.**

Principal Place of Business

Mailing Address

**4400 BAYOU BLVD.  
 STE 308  
 PENSACOLA FL 32503-2883**

**4400 BAYOU BLVD.  
 STE 308  
 PENSACOLA FL 32503-2883**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2299573**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEMING, FR DAVID M  
 699 SOUTH HWY 95A  
 CANTONMENT FL 32533**

Name  
**Jeannette M. Scruggs**

Street Address (P.O. Box Number is Not Acceptable)  
**4731 Marina Drive**

**Gulf Breeze, FL 32561**

City

**FL**

Zip Code  
**32561**

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.

SIGNATURE

*Jeannette M. Scruggs*

*1/15/02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
 NAME **FLEMING, FR. DAVID M**  
 STREET ADDRESS **699 SOUTH HWY 95A**  
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD** ☐ Delete  
 NAME **JONES, ROSEMARY**  
 STREET ADDRESS **638 POWELL DR.**  
 CITY-ST-ZIP **FORT WALTON BEACH FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **SCRUGGS, JEANNETTE**  
 STREET ADDRESS **4731 MARINA DR**  
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **PD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **BILBREY, JOHN DR**  
 STREET ADDRESS **1221 WEST LAKE VIEW AVE**  
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **CLARK, BRENDA**  
 STREET ADDRESS **P O BOX 2438**  
 CITY-ST-ZIP **PENSACOLA FL 32513**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **921 Devilliers St.**  
 CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **D** ☐ Delete  
 NAME **COLLINS, PEGGY R.N.**  
 STREET ADDRESS **621 N E FAIRWAY AVE**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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. **Jeannette M. Scruggs, President Board of**

SIGNATURE: *Jeannette M. Scruggs*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/15/02*  
 Date

**Directors**  
 (850) 474 3696  
 Daytime Phone #

CR2E037 (9/01)

Attachment  
Doc. # 768624

**NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR  
CHILDREN, INC.  
BOARD MEMBERS  
2001/2002**

724093

Jeannette Scruggs PD

Community Volunteer

**President**

4731 Marina Drive

Gulf Breeze, FL. 32561

Phone: (850) 934-3410

E-Mail: YoGin214@compuserve.com

Rosemary Jones STD

Program Director (Non-Voting Member)

**Secretary**

340 Beal Parkway, N.W.

Ft. Walton Beach, FL. 32548

Phone: Home (850) 864-4232

Work (850) 833-3774

E-Mail: Rosemary.Jones@dcf.state.fl.us

Brenda Clark D

Health and Human Services Board, (Retired)

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E-Mail:

Peggy Collins, R.N. D

Okaloosa Public Health Dept., (Retired)

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Flora Conger, PHD D

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DeFuniak Springs, FL. 32435

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E-Mail:

Sheryl Ebeoglu D

Prevention Project Director (Retired)

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Shalimar, FL. 32579

Phone: (850) 651-2063

E-Mail: cbeoglu@sprintmail.com