2006 NOT-FOR-PROFIT CORPORATION

FILED Feb 08, 2006 8:00 am Secretary of State

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SIGNATURE:

DOCUMENT #768624 NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC. Principal Place of Business Mailing Address 4400 BAYOU BLVD. 4400 BAYOU BLVD. **STE 46 STE 46** PENSACOLA, FL 32503 PENSACOLA, FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Cha-NP CR2E037 (11/05) Applied For City & State 4. FEI Number 59-2299573 City & State Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUERNSEY, ED Street Address (P.O. Box Number is Not Acceptable) 6704 "A" PLANTATION ROAD PENSACOLA, FL 32504 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 мау Ве Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 TITLE Delete TITLE Change Deb Rougus 11000 University farkway COMER, D.J.: NAME NAME STREET ADDRESS 4400 BAYOU BLVD. STE. 19 STREET ADDRESS PENSACOLA, FL 32503 CITY-ST-ZIP Pensacola F1. 32514 CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE Riley GUERNSEY, ED NAME NAME Baybrook Dr. STREET ADDRESS 6704 A PLANTATION ROAD STREET ADDRESS PENSACOLA, FL 32504 CITY-ST-ZIP CITY-ST-ZIP Pensacola Change Addition TITLE Delete TITI F Paul Wilson ZOBEL, REV. FRED NAME NAME 4694 Magnolia Hill Ct. STREET ADDRESS 9896 HARLINGTON ST STREET ADDRESS CANTONMENT, FL 32533 CHTY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change **Addition** TITLE Malcomb White, Jr. MD. EBOGLU, SHERYL NAME NAME 3975 Scenic Highway Circle Pensacola Fl. 32504 154 COUNTRY CLUB ROAD STREET ADDRESS STREET ADDRESS SHALIMAR, FL 32579 CITY-ST-ZIP CITY-ST-ZIP Change **Addition** Delete TITLE TITLE Pagonis Lo Venetian Way Eli NAME COX, JOSEPH A NAME STREET ADDRESS 6161 N. DAVIS HWY. STREET ADDRESS 71000 CITY-ST-7IP CITY-ST-ZIP PENSACOLA, FL 32504 Delete TITLE ☐ Change ☐ Addition TITLE WITKOS, GARY NAME NAME 212 BAYBERRY DR. STREET ADDRESS STREET ADDRESS NICEVILLE, FL 32578 CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of fursible 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 oddress with all other like empowered.