2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# 768624

Entity Name: NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.

Current Principal Place of Business:

4400 BAYOU BLVD.
STE 46
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD.
STE 46
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-2299573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JORDAN, CATE
4400 BAYOU BLVD SUITE 46
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CRUMPTON, FRAN	
Address:	4400 BAYOU BLVD SUITE 46	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D	( ) Delete
Name:	GUERNSEY, ED	
Address:	6704 A PLANTATION ROAD	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	D	( ) Delete
Name:	ZOBEL, REV. FRED	
Address:	9896 HARLINGTON ST	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	S	( ) Delete
Name:	RILEY, MARY	
Address:	4646 BAYBROOK DR	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	T	( ) Delete
Name:	MORRISSETTE, SAMUEL	
Address:	3800 FLINTWOOD RD	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	VP	( ) Delete
Name:	WHITE, ANDY MD	
Address:	3975 SCENIC HWY CIRCLE	
City-St-Zip:	PENSACOLA, FL 32504	

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:	S	(X) Change ( ) Addition
Name:	TURNER, KIMBERLY	
Address:	4400 BAYOU BLVD SUITE 46	
City-St-Zip:	PENSACOLA, FL 32503	
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 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: CATE JORDAN ED 01/04/2008

Electronic Signature of Signing Officer or Director — Date