

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 29, 2011
Secretary of State

DOCUMENT# 768624

Entity Name: NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.**Current Principal Place of Business:**422 N. BAYLEN ST.
PENSACOLA, FL 32501**New Principal Place of Business:****Current Mailing Address:**422 N. BAYLEN ST.
PENSACOLA, FL 32501**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
422 N BAYLEN ST.
PENSACOLA, FL 32501 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
Name: HALONEN, JANE
Address: 422 N BAYLEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: VP
Name: HARRISON, MICHELE
Address: 422 N BAYLEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: D
Name: GUERNSEY, ED
Address: 422 N BAYLEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: S
Name: NEUSTAEDTER, TERRY
Address: 422 N BAYLEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: T
Name: BOWERS, BETSY L
Address: 422 N BAYLEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: D
Name: WHITE, MALCOLM A MD
Address: 422 N BAYLEN ST
City-St-Zip: PENSACOLA, FL 32501

I hereby 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 all other like empowered.

SIGNATURE: CATE JORDAN

ED

04/29/2011

Electronic Signature of Signing Officer or Director

Date