

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F01000004688**

1. Entity Name

COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES, INC.

Principal Place of Business

Mailing Address

**120 WALL STREET, 11TH FLOOR
NEW YORK NY 10005****120 WALL STREET, 11TH FLOOR
NEW YORK NY 10005**

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

13-2905215

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

**MOONEY, JAMES
NOVA SOUTHEASTERN UNIVERSITY
1750 NE 167TH STREET
NORTH MIAMI BEACH FL 33162**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 | C | <input type="checkbox"/> Delete |
| NAME | OSBORNE, SHARON | |
| STREET ADDRESS | 3300 NE 65TH STREET | |
| CITY-ST-ZIP | SEATTLE WA 98115-0190 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CLEVER, JERRY | |
| STREET ADDRESS | 902 CYPRESS STREET | |
| CITY-ST-ZIP | CHAMBERSBURG PA 17201 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DENNERY, LINDA | |
| STREET ADDRESS | NUMBER 1 STAR-LEDGER PLAZA | |
| CITY-ST-ZIP | NEWARK NJ 07102-1200 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | DANJCZEK, MICHAEL | |
| STREET ADDRESS | 120 WALL STREET, 11TH FLOOR | |
| CITY-ST-ZIP | NEW YORK NY 10005 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | KLARBERG, RICHARD | |
| STREET ADDRESS | 120 WALL STREET, 11TH FLOOR | |
| CITY-ST-ZIP | NEW YORK NY 10005 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | EMOND, DONALD | |
| STREET ADDRESS | 151 ROCK STREET | |
| CITY-ST-ZIP | FALL RIVER MA 02720 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)