## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000000515

FILED Apr 21, 2008 Secretary of State

Entity Name: FLORIDA COALITION FOR CHILDREN FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 200 WEST COLLEGE AVE TALLAHASSEE, FL 32301 US **Current Mailing Address: New Mailing Address:** 200 WEST COLLEGE AVE TALLAHASSEE, FL 32301 US FEI Number: 59-3619798 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUSICK, MICHAEL 200 WEST COLLEGE AVE TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BUNDY, DAVID MURPHY, STEVEN Name: Name: 1485 S. SEMORAN BLVD. SUITE 1448 Address: 515 N. MAIN STREET Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: GAINESVILLE, FL 32601 Title: Title: (X) Change ( ) Addition ( ) Delete MURPHY, STEVEN Name: Name: DELOACH, CAROL Address: 315 SE 2ND AVE Address: 5850 T.G. LEE BLVD. SUITE 400 City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: ORLANDO, FL 32822 Title: () Delete Title: () Change () Addition RAINEY, JEFF Name: Name: 1002 E. PALM AVE Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: ED ( ) Delete Title: () Change () Addition Name: CUSICK, MICHAEL Name: Address: 200 WEST COLLEGE AVE Address: City-St-Zip: TALLAHASSEE, FL 32301 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: MICHAEL D. CUSICK ED 04/21/2008