

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004478

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: THE CARTER-JENKINS CENTER, INC.

**Current Principal Place of Business:**

C/O FRANCES MARTON  
1325 WEST FLETCHER AVENUE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

C/O FRANCES MARTON  
1325 WEST FLETCHER AVENUE  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number: 59-3659141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MARTON, FRANCIS  
1325 WEST FLETCHER AVE.  
TAMPA, FL 33612 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: MARTON, FRANCES  
Address: 1321A W FLETCHER AVE  
City-St-Zip: TAMPA, FL 33612

Title: STD ( ) Delete  
Name: NAGERA, HUMBERTO  
Address: TGH PSYCHIATRY CENTER-3515 FLETCHER AVE  
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete  
Name: JENKINS, JANE  
Address: 1429 FAIRHAVEN DR  
City-St-Zip: LAKELAND, FL 33903

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANCES MARTON

PD

01/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date