

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007718

FILED
Apr 29, 2004
Secretary of State

Entity Name: FLORIDA ASSOCIATION FOR CITIZEN REVIEW OF DEPENDENT CHILDREN, INC.

Current Principal Place of Business:

3050 BISCAYNE BLVD., #900
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

3050 BISCAYNE BLVD., #900
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-1081637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POZO, ANN MARIA
3050 BISCAYNE BLVD., #900
MIAMI, FL 33137

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: DP () Delete
Name: POZO, ANA MARIA
Address: 3050 BISCAYNE BLVD., #900
City-St-Zip: MIAMI, FL 33137

Title: DV (X) Delete
Name: ANTHONY, KASHA
Address: 110 NW FIRST AVE.
City-St-Zip: OCALA, FL 34475

Title: DS () Delete
Name: FISHER, VALERIE
Address: PO BOX 25400
City-St-Zip: BRADENTON, FL 34206

Title: TD (X) Delete
Name: PITTMAN, JEANNE
Address: 220 EAST BAY ST. STE 601
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: FISHER, VALERIE
Address: PO BOX 25400
City-St-Zip: BRADENTON, FL 34206

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 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 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: ANA MARIA POZO

DP

04/29/2004

Electronic Signature of Signing Officer or Director

Date