

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002405

FILED
Mar 20, 2009
Secretary of State

Entity Name: DIVISION ON CAREER DEVELOPMENT AND TRANSITION OF THE FLORIDA FEDERATION COUNCIL
FOR EXCEPTIONAL CHILDREN, INC.

Current Principal Place of Business:

25 SEDERHOLM PATH
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

25 SEDERHOLM PATH
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 59-2355708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULVIHILL, PATRICK
25 SEDERHOLM PATH
PALM COAST, FL 32164 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: PRES () Delete
Name: MULVIHILL, PATRICK
Address: 25 SEDERHOLM PATH
City-St-Zip: PALM COAST, FL 32164

Title: PE () Delete
Name: TURNER, JACQUELINE
Address: 1215 SW 53 ST
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: KNAB, JORDAN
Address: 13301 BRUCE DOWNS BLVD.
City-St-Zip: TAMPA, FL 33612

Title: S () Delete
Name: NEIL, IRIS
Address: SCHOOL DISTRICT PALM BEACH FOREST HILL BLD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: T () Delete
Name: WILLIAMS, BARBARA
Address: 1439 ROSADA WAY
City-St-Zip: FORT MYERS, FL 33901

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:

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 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: PATRICK MULVIHILL

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date