

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 17, 2010
Secretary of State

DOCUMENT# N01000002405

Entity Name: DIVISION ON CAREER DEVELOPMENT AND TRANSITION OF THE FLORIDA FEDERATION COUNCIL
FOR EXCEPTIONAL CHILDREN, INC.**Current Principal Place of Business:**1215 S.W. 53 ST.
CAPE CORAL, FL 33914**New Principal Place of Business:**140 7TH AVENUE SOUTH, SVB 112
ST. PETERSBURG, FL 33701**Current Mailing Address:**1215 S.W. 53 ST.
CAPE CORAL, FL 33914**New Mailing Address:**140 7TH AVENUE SOUTH, SVB 112
ST. PETERSBURG, FL 33701**FEI Number:** 59-2355708**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TURNER, JACQUELINE
1215 S.W. 53 ST.
CAPE CORAL, FL 33914 US**Name and Address of New Registered Agent:**KNAB, JORDAN
140 7TH AVENUE SOUTH, SVB 112
ST. PETERSBURG, FL 33701 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: JORDAN KNAB

09/17/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: KNAB, JORDAN
Address: 140 7TH AVENUE SOUTH, SVB 112
City-St-Zip: ST. PETERSBURG, FL 33701

Title: PE
Name: HICKEY, SARAH
Address: SARASOTA SCHOOL DIST., 1600 LANDINGS BLVD.
City-St-Zip: SARASOTA, FL 34241

Title: VP
Name: GARCIA, LORI
Address: 309 PIPPIN DRIVE
City-St-Zip: MARY ESTHER, FL 32569

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

Title: TREA
Name: HALLIDAY, KIMBERLI
Address: 1769 E. MOODY BLVD., BLDG.#2
City-St-Zip: BUNNELL, FL 32110

Title: PP
Name: TURNER, JACQUELINE
Address: LEE COUNTY SCHOOLS, 2855 COLONIAL BLVD
City-St-Zip: FT. MYERS, FL 33966

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLI HALLIDAY

TREA

09/17/2010

Electronic Signature of Signing Officer or Director

Date