2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004618

FILED Jan 04, 2006 Secretary of State

Entity Name: THE POLICY GROUP FOR FLORIDA'S FAMILIES AND CHILDREN, INC.

Current Principal Place of Business: New Principal Place of Business: 111 N. GADSDEN ST., STE. 200 574 SOMERSET DRIVE TALLAHASSEE, FL 32301 AUBURNDALE, FL 33823 **Current Mailing Address: New Mailing Address:** 111 N. GADSDEN ST., STE. 200 574 SOMERSET DRIVE TALLAHASSEE, FL 32301 AUBURNDALE, FL 33823 FEI Number: 02-0536121 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: SESSIONS, DOUGLAS JR 111 N. GADSDEN ST., STE. 200 TALLAHASSEE, FL 32301 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: () Delete () Change () Addition CORBETT, JEANNETTE Name: Name: 505 SOUTH FLAGLER DRIVE STE 220 Address: Address: City-St-Zip: WEST PALM BEACH, FL 334015941 City-St-Zip: Title: Title: TD () Delete (X) Change () Addition FEANER, ED Name: FEAVER, ED Name: Address: 1310 CROSS CREEK CIRCLE STE A Address: 1310 CROSS CREEK CIRCLE STE A City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301 Title: () Delete Title: (X) Change () Addition HOOD, CHUCK SESSIONS, DOUGLAS Name: Name: 401 NW 2ND AVE,N TOWER Address: Address: 111 N. GADSDEN ST., STE. 200 City-St-Zip: MIAMI, FL 33128 City-St-Zip: TALLAHASSEE, FL 32301 () Delete Title: PD Title: PD (X) Change () Addition Name: MILLS, JIM Name: MILLS, JAMES E 6698 68TH AVENUENU N, SUITE A 6698 68TH AVENUENU N, SUITE A Address: Address: City-St-Zip: PINELLAS PARK, FL 33780 City-St-Zip: PINELLAS PARK, FL 33780 Title: () Delete Title: (X) Change () Addition FRIEDMAN, ROBERT GRANGER, TED Name: Name: 13301 BRUCE B DOWNS BLVD 307 EAST 7TH AVENUE Address: Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: TALLAHASSEE, FL 32303

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: KATE STOWELL ED 01/04/2006