

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004618

FILED
Mar 08, 2007
Secretary of State

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

Current Principal Place of Business:

574 SOMERSET DRIVE
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

574 SOMERSET DRIVE
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 02-0536121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SESSIONS, DOUGLAS JR
111 N. GADSDEN ST., STE. 200
TALLAHASSEE, FL 32301 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: VD () Delete
Name: CORBETT, JEANNETTE
Address: 505 SOUTH FLAGLER DRIVE STE 220
City-St-Zip: WEST PALM BEACH, FL 334015941

Title: TD () Delete
Name: FEAVER, ED
Address: 1310 CROSS CREEK CIRCLE STE A
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: SESSIONS, DOUGLAS
Address: 111 N. GADSDEN ST., STE. 200
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD () Delete
Name: MILLS, JAMES E
Address: 6698 68TH AVENUE N, SUITE A
City-St-Zip: PINELLAS PARK, FL 33780

Title: SD () Delete
Name: GRANGER, TED
Address: 307 EAST 7TH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

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: PD (X) Change () Addition
Name: MILLS, JAMES E
Address: 1092 42ND AVE. NE
City-St-Zip: ST. PETERSBURG, FL 33703

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: JAMES E. MILLS

PD

03/08/2007

Electronic Signature of Signing Officer or Director

Date