

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004618

FILED  
Jan 16, 2009  
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: PANACEK, LUANNE  
Address: 1002 E PALM AVE.  
City-St-Zip: TAMPA, FL 33605

Title: SD ( ) Delete  
Name: MCNALLY, CAROL  
Address: 111 N GADSDEN ST., SUITE 208  
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: D ( ) Delete  
Name: MILLS, JAMES E  
Address: 1092 42ND AVE. NE  
City-St-Zip: ST. PETERSBURG, FL 33703

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

Title: PD ( ) Delete  
Name: FREEDMAN, STEVE  
Address: 18907 AVENUE BIARRITZ  
City-St-Zip: LUTZ, FL 33558

**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:

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: STEVE FREEDMAN

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date