

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004618

FILED
Feb 16, 2010
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
Name: PANACEK, LUANNE
Address: 1002 E PALM AVE.
City-St-Zip: TAMPA, FL 33605

Title: SD
Name: MCNALLY, CAROL
Address: 111 N GADSDEN ST., SUITE 208
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: D
Name: MILLS, JAMES E
Address: 1092 42ND AVE. NE
City-St-Zip: ST. PETERSBURG, FL 33703

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

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

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: KATE STOWELL

ED

02/16/2010

Electronic Signature of Signing Officer or Director

Date