

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2007 8:00 am
Secretary of State

06-27-2007 90001 050 ****70.00

DOCUMENT # N02000004746

1. Entity Name
FLORIDA'S CHILDREN FIRST, INC.



Principal Place of Business
1801 NORTH UNIVERSITY DRIVE
3RD FLOOR, SUITE B
CORAL SPRINGS, FL 33071

Mailing Address
1801 NORTH UNIVERSITY DRIVE
3RD FLOOR, SUITE B
CORAL SPRINGS, FL 33071

40



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05162007 Chg-NP CR2E037 (12/06)

4. FEI Number
52-2372998

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

GIEVERS, KAREN
524 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S/D ☒ Delete
NAME ROSENBERG, ROBIN
STREET ADDRESS 100 N. TAMPA, SUITE 2100
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T/D ☐ Delete
NAME GIEVERS, KAREN
STREET ADDRESS 524 EAST COLLEGE AVENUE, SUITE 2
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME WILLIAMS, MAXINE
STREET ADDRESS 423 FERN ST.
CITY-ST-ZIP W. PALM BEACH, FL 33401

TITLE S/D ☐ Change ☒ Addition
NAME KASSACK, JAY
STREET ADDRESS 150 S. MONROE ST., SUITE 305
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE P/D ☐ Delete
NAME TALENFELD, HOWARD M
STREET ADDRESS 100 SE 3RD AVE., 23RD FLOOR
CITY-ST-ZIP FORT LAUDERDALE, FL 33394

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/D ☐ Delete
NAME CABREY, BRIAN
STREET ADDRESS 1 INDEPENDENT DR., SUITE 3306
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/25/07