

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011050

FILED
Mar 09, 2004
Secretary of State

Entity Name: FLORIDA INTERGRATED CHILDREN'S SERVICES, INC.

Current Principal Place of Business:

6645 RIDGE ROAD
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

6645 RIDGE ROAD
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 56-2424452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TORRENCE, ALFRED W JR.
6645 RIDGE ROAD
PORT RICHEY, FL 34668

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: P () Delete
Name: KIRSCH, BECKY
Address: 100 PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32501

Title: V () Delete
Name: FOY, LINDA
Address: 1601 NE 25TH AVE., SUITE 900
City-St-Zip: OCALA, FL 34470

Title: ST () Delete
Name: COOLEY, GUY
Address: 6698 68TH AVE.
City-St-Zip: PINELLAS PARK, FL 33781

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: STOPHEL, CONNIE
Address: 100 BEL TEL WAY, #100
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Change (X) Addition
Name: DALY, JACK
Address: 107 TUPELO AVE
City-St-Zip: FT WALTON BEACH, FL 32548

Title: D () Change (X) Addition
Name: MAINSTER, BARBARA
Address: 402 W MAIN ST
City-St-Zip: IMMOKALEE, F 34142

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BECKY KIRSCH

P

03/09/2004

Electronic Signature of Signing Officer or Director

Date

D DAVIS, PAM
1170 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301

D BARKER, JOE
1304 TRUMAN AVE
KEY WEST, FL 33040

D HUNT, CAROL
399 6TH AVE W
BRADENTON, FL 34205

D MOORE, BARBARA
18 HARRISON ST
COCOA, FL 32922

HARKNESS, MARINA
207 KELSEY LANE
TAMPA, FL 33619

D STOWELL, KATE
122 CENTRAL AVE W
WINTER HAVEN, FL 33880

D SHEPPARD, JO
230 NO BEACH ST
DAYTONA BCH, FL 32114

D JOHNSON, DELORIS
7301 LYNCHBURG RD
WINTER HAVEN, FL 33881

D WEINRICH, CARL
2 SO SCHOOL AVE
SARASOTA, FL 34237

D WEINSTEIN, BARBARA
840 SW 81ST AVE
NO LAUDERDALE, FL 33068

D MIKE, RHEA
3625 FOWLER ST
FT MYERS, FL 33901

D WOODSON, MARIE
1701 NW 30TH AVE
MIAMI, FL 33125