

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011050

FILED  
Feb 02, 2005  
Secretary of State

**Entity Name:** FLORIDA INTEGRATED 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 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: 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: D ( ) Delete  
Name: STOPHEL, CONNIE  
Address: 100 BEL TEL WAY, #100  
City-St-Zip: JACKSONVILLE, FL 32216

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: KIRSCH, BECKY  
Address: 100 PALAFOX ST.  
City-St-Zip: PENSACOLA, FL 32501

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

Title: D (X) Change ( ) Addition  
Name: COOLEY, GUY  
Address: 6698 68TH AVE.  
City-St-Zip: PINELLAS PARK, FL 33781

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 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: LINDA FOY

P

02/02/2005

Electronic Signature of Signing Officer or Director

Date