2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006
Secretary of State

DOCUMENT# N03000011050

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:	D	( ) Delete
Name:	KIRSCH, BECKY	
Address:	100 PALAFOX ST.	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	P	( ) Delete
Name:	FOY, LINDA	
Address:	1601 NE 25TH AVE., SUITE 900	
City-St-Zip:	OCALA, FL 34470	
Title:	D	( ) 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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	MOORE, BARBARA	
Address:	18 HARRISON STREET	
City-St-Zip:	COCOA, FL 32922	
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 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: LINDA FOY P 02/20/2006

Electronic Signature of Signing Officer or Director — Date