


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90011 036 ****61.25

DOCUMENT # N03000011050 1. Entity Name FLORIDA INTEGRATED CHILDREN'S SERVICES, INC.					
Principal Place of Business 6645 RIDGE ROAD PORT RICHEY, FL 34668			Mailing Address 6645 RIDGE ROAD PORT RICHEY, FL 34668		
2. Principal Place of Business - No P.O. Box # 1601 NE 25th Ave Ste 900		3. Mailing Address 1601 NE 25th Ste 900			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ocala, FL		City & State Ocala, FL 34670			
Zip 34470		Country USA		Zip 34470	
Country USA		4. FEI Number 56-2424452			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TORRENCE, ALFRED W JR. 6645 RIDGE ROAD PORT RICHEY, FL 34668			7. Name and Address of New Registered Agent Name Phyllis Kalifeh Street Address (P.O. Box Number is Not Acceptable) 2807 Remington Green Creek City Tallahassee FL Zip Code 32308		
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 Phyllis Kalifeh / Children's Forum Phyllis Kalifeh / Children's Forum April 4, 2007 <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D KIRSCH, BECKY 100 PALAFOX ST. PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOY, LINDA 1601 NE 25TH AVE., SUITE 900 OCALA, FL 34470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOLEY, GUY 6698 68TH AVE. PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, BARBARA 18 HARRISON STREET COCOA, FL 32922	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, JACK 107 TUPELO AVE FT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAINSTER, BARBARA 402 W MAIN ST IMMOKALEE, F 34142	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Linda Foy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-20-07 352-671-518 <small>Date Daytime Phone #</small>			

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