2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# N03000011050

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

Current Principal Place of Business:

1601 NE 25TH AVE. STE 900
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1601 NE 25TH AVE. STE 900
OCALA, FL 34470

New Mailing Address:

FEI Number: 56-2424452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KOLIFEH, PHYLLIS
2807 REMINSTON GREEN CREEK
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

KALIFEH, PHYLLIS
2807 REMINSTON GREEN CREEK
TALLAHASSEE, FL 32308 US

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: PHYLLIS KALIFEH 07/07/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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: T ( ) Delete
Name: MOORE, BARBARA
Address: 18 HARRISON STREET
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 CEO 07/07/2008
Electronic Signature of Signing Officer or Director Date