2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011050

FILED Apr 30, 2009 Secretary of State

Entity Name: FLORIDA INTEGRATED CHILDREN'S SERVICES, INC. **New Principal Place of Business: Current Principal Place of Business:** 1601 NE 25TH AVE. STE 900 OCALA, FL 34470 **Current Mailing Address: New Mailing Address:** 1601 NE 25TH AVE. STE 900 OCALA, FL 34470 FEI Number: 56-2424452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KALIFEH, PHYLLIS 2807 REMINSTON GREEN CREEK TALLAHASSEE, FL 32308 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEO () Change () Addition () Delete FOY, LINDA Name: Name: Address: 1601 NE 25TH AVE., SUITE 900 Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: Title: Title: () Delete () Change () Addition Name: COOLEY, GUY Name: Address: 6698 68TH AVE. Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: Title: () Delete Title: () Change () Addition MOORE, BARBARA Name: Name: Address: 18 HARRISON STREET Address: City-St-Zip: COCOA, FL 32922 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 04/30/2009