

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006164

FILED
Jul 01, 2005
Secretary of State

Entity Name: THE CHILDREN'S COMMUNITY PROGRAMS OF FLORIDA, INC.

Current Principal Place of Business:

ONE LONG WHARF
NEW HAVEN, CT 06511

New Principal Place of Business:

2010 CONTINENTAL DRIVE
WEST PALM BEACH, FL 33407

Current Mailing Address:

ONE LONG WHARF
NEW HAVEN, CT 06511

New Mailing Address:

2010 CONTINENTAL DRIVE
WEST PALM BEACH, FL 33407

FEI Number: 02-0726714 **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:

COHEN, GREGORY R
712 US HWY ONE
STE 400
N PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

BOVA, RUSSELL R
2010 CONTINENTAL DRIVE
WEST PALM BEACH, FL 33407 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: RUSSELL BOVA

07/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDRIOLE, PATRICIA
Address: % ONE LONG WHARF
City-St-Zip: NEW HAVEN, CT 06511

Title: D () Delete
Name: CHRISTMAS, BILL
Address: % ONE LONG WHARF
City-St-Zip: NEW HAVEN, CT 06511

Title: D () Delete
Name: DOWNING, PATRICIA
Address: % ONE LONG WHARF
City-St-Zip: NEW HAVEN, CT 06511

Title: D () Delete
Name: GILL, DOROTHY
Address: % ONE LONG WHARF
City-St-Zip: NEW HAVEN, CT 06511

Title: D () Delete
Name: MCDONALD, COLLEEN
Address: % ONE LONG WHARF
City-St-Zip: NEW HAVEN, CT 06511

Title: D () Delete
Name: LOUCKS, BARBARA
Address: % ONE LONG WHARF
City-St-Zip: NEW HAVEN, CT 06511

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: () 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: RUSSELL BOVA

DIR.

07/01/2005

Electronic Signature of Signing Officer or Director

Date