

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006164

FILED  
Apr 11, 2006  
Secretary of State

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

**Current Principal Place of Business:**

2010 CONTINENTAL DRIVE  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

2010 CONTINENTAL DRIVE  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** 02-0726714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOVA, RUSSELL R  
2010 CONTINENTAL DRIVE  
WEST PALM BEACH, FL 33407 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: 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: D (X) Change ( ) Addition  
Name: SENNETT, WILLIAM  
Address: % ONE LONG WHARF  
City-St-Zip: NEW HAVEN, CT 06511

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 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: ANDREW SYLVESTER

HR

04/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date