

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002625

FILED  
Apr 11, 2006  
Secretary of State

**Entity Name:** FLORIDA COALITION FOR CHILDREN BEHAVIORAL HEALTH NETWORK, INC.

**Current Principal Place of Business:**

864 E PARK AVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

864 E PARK AVE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 20-3260344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CUSICK, MICHAEL  
864 E PARK AVE  
TALLAHASSEE, FL 32301 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: BUNDY, DAVID  
Address: 1485 S SEMORAN BLVD SUITE 1448  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: JOHNSON, LEE  
Address: 1 S SCHOOL RD SUITE 301  
City-St-Zip: SARASOTA, FL 34277

Title: D ( ) Delete  
Name: BOUDHARD, ROGER  
Address: PO BOX 2000  
City-St-Zip: BOYS RANCH, FL 32064

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JOHNSON, LEE  
Address: 1 SOUTH SCHOOL ROAD, SUITE 301  
City-St-Zip: SARASOTA, FL 34237

Title: V (X) Change ( ) Addition  
Name: DEMARK, DIANE  
Address: SUITE 1448, 1485 SEMORAN BLVD.  
City-St-Zip: WINTER PARK, FL 32792

Title: S (X) Change ( ) Addition  
Name: DEMARK, DIANE  
Address: SUITE 1448, 1485 SEMORAN BLVD.  
City-St-Zip: WINTER PARK, FL 32792

Title: T ( ) Change (X) Addition  
Name: BIDDLEMAN, MARCIE  
Address: 1239 E. MAIN STREET  
City-St-Zip: BARTOW, FL 33830

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: MICHAEL CUSICK

ED

04/11/2006

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

\_\_\_\_\_  
Date