

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002625

FILED
Apr 20, 2007
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:

200 WEST COLLEGE AVE
TALLAHASSEE, FL 32301

Current Mailing Address:

864 E PARK AVE
TALLAHASSEE, FL 32301

New Mailing Address:

200 WEST COLLEGE AVE.
TALLAHASSEE, FL 32301

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:

CUSICK, MICHAEL
200 WEST COLLEGE AVE
TALLAHASSEE, FL 32301 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: _____

04/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: PRISCO, JO-ANN
Address: SUITE 301, 121 N. 2ND STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: T (X) Change () Addition
Name: CASEL, GLEN
Address: SUITE 428, 605 CRECENT EXECUTIVE COURT
City-St-Zip: LAKE MARY, FL 32746

Title: ED (X) Change () Addition
Name: CUSICK, MICHAEL
Address: 200 WEST COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 32301

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 D. CUSICK

ED

04/20/2007

Electronic Signature of Signing Officer or Director

Date