2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002625

Name:

Address:

City-St-Zip:

CUSICK, MICHAEL

200 WEST COLLEGE AVE

TALLAHASSEE, FL 32301

FILED Apr 21, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 200 WEST COLLEGE AVE TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 200 WEST COLLEGE AVE 200 WEST COLLEGE AVE TALLAHASSEE, FL 32301 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: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition JOHNSON, LEE PRISCO, JO-ANN Name: Name: 1 SOUTH SCHOOL ROAD, SUITE 301 Address: 121 N. 2ND STREET Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: FT. PIERCE, FL 34950 Title: () Delete Title: (X) Change () Addition Name: PRISCO, JO-ANN Name: PRISCO, JO-ANN Address: SUITE 301, 121 N. 2ND STREET Address: 121 N. 2ND STREET City-St-Zip: FT. PIERCE, FL 34950 City-St-Zip: FT. PIERCE, FL 34950 Title: () Delete Title: () Change () Addition CASEL, GLEN Name: Name: SUITE 428, 605 CRECENT EXECUTIVE COURT Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: ED () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL D. CUSICK ED 04/21/2008