2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002625

FILED Mar 25, 2009 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 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

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered A

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P () Delete Title: C (X) Change () Addition

 Name:
 PRISCO, JO-ANN
 Name:
 PRISCO, JO-ANN

 Address:
 121 N. 2ND STREET
 Address:
 121 N. 2ND STREET

 City-St-Zip:
 FT. PIERCE, FL 34950
 City-St-Zip:
 FT. PIERCE, FL 34950

Title: V () Delete Title: VC (X) Change () Addition

 Name:
 PRISCO, JO-ANN
 Name:
 PRISCO, JO-ANN

 Address:
 121 N. 2ND STREET
 Address:
 121 N. 2ND STREET

 City-St-Zip:
 FT. PIERCE, FL 34950
 City-St-Zip:
 FT. PIERCE, FL 34950

Title: T () Delete Title: () Change () Addition Name: CASEL, GLEN Name:

Address: SUITE 428, 605 CRECENT EXECUTIVE COURT Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip:

Title: ED () Delete Title: CEO (X) Change () Addition

 Name:
 CUSICK, MICHAEL
 Name:
 CUSICK, MICHAEL
 Name:
 CUSICK, MICHAEL
 CUSICK, MICHAEL
 Address:
 200 WEST COLLEGE AVE
 Address:
 200 WEST COLLEGE AVE
 City-St-Zip:
 TALLAHASSEE, FL 32301
 TALLAHASSEE, FL 32301
 TALLAHASSEE, FL 32301
 TALLAHASSEE, FL 32301

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.

SIGNATURE: MICHAEL D. CUSICK CEO 03/25/2009