

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002625

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

200 WEST COLLEGE AVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

200 WEST COLLEGE 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  
200 WEST COLLEGE 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:** C  
**Name:** PRISCO, JO-ANN  
**Address:** 121 N. 2ND STREET  
**City-St-Zip:** FT. PIERCE, FL 34950

**Title:** VC  
**Name:** PRISCO, JO-ANN  
**Address:** 121 N. 2ND STREET  
**City-St-Zip:** FT. PIERCE, FL 34950

**Title:** T  
**Name:** CASEL, GLEN  
**Address:** SUITE 428, 605 CRECENT EXECUTIVE COURT  
**City-St-Zip:** LAKE MARY, FL 32746

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

I hereby 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 all other like empowered.

**SIGNATURE:** MILTON BURNS

COO

02/23/2010

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

\_\_\_\_\_  
Date