


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 30 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000009760					
1. Entity Name FLORIDA CHILDREN'S SERVICES COUNCIL, INC.					
Principal Place of Business 215 S MONROE STREET 2ND FLOOR TALLAHASSEE, FL 32301			Mailing Address 215 S MONROE STREET 2ND FLOOR TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box # 216 S. MONROE ST.		3. Mailing Address 216 S. MONROE ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL		4. FEI Number 30-0395267	
Applied For <input type="checkbox"/>		Not Applicable			
Zip 32301		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32301		Country US			
6. Name and Address of Current Registered Agent BELL, DOUG 215 S MONROE STREET 2ND FLOOR TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name ALARCON, VIVIAN Street Address (P.O. Box Number is Not Acceptable) 216 S. MONROE STREET City TALLAHASSEE FL Zip Code 32301		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Vivian Alarcon</i></u>				DATE <u>4/24/07</u>	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SELTZER, CINDY A 6301 NW 5TH WAY SUITE 3000 FT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LANIER, LINDA M 1095 A PHILIP RANDOLPH BLVD JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200102237802 05/14/07--01009--018 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ABETY, MODESTO E 4500 BISCAYNE BLVD SUITE 201 MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ABETY, MODESTO E 3150 SW 3RD AVE, 8TH FLOOR MIAMI, FL 33137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV YATES, HARRY A. 2030 SE OCEAN BLVD STUART, FL 34996	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BASILE, KATHRYN 250 NW COUNTRY CLUB DR. SUITE 240 PORT ST LUCIE, FL 34986	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Linda M. Lanier</i></u>		LINDA M. LANIER		- 4/24/07 850/402-5437	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					