2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001813

FILED Apr 10, 2008 Secretary of State

Entity Name: GULF COAST CHILDREN SERVICES INC **Current Principal Place of Business: New Principal Place of Business:** 3491 SOUTHWIND DR GULF BREEZE, FL 32563 **Current Mailing Address: New Mailing Address:** 3491 SOUTHWIND DR GULF BREEZE, FL 32563 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KUVACH, TERRI 3491 SOÚTHWIND DR GULF BREEZE, FL 32563 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 KUVACH, RICKY KUVACH, TERRI Name: Name: Address: 10470 IVYGATE TERRACE Address: 10470 IVYGATE TERRACE City-St-Zip: JONESBORO, GA 30238 City-St-Zip: JONESBORO, GA 30238 Title: Title: () Delete () Change () Addition Name: RAWLS, IONA Name: Address: 1040 DECLARATION CT Address: City-St-Zip: MCDONOUGH, GA 30253 City-St-Zip: Title: () Delete Title: () Change () Addition HARRIS, LACHELLE Name: Name: Address: 15812 THROCKLEY AVE Address: City-St-Zip: CLEVELAND, OH 44128 City-St-Zip:

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: TERRI KUVACH MGR 04/10/2008