

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004737

FILED
Jul 15, 2009
Secretary of State

Entity Name: CHILD LIFE INSTITUTE, INC.

Current Principal Place of Business:

5325 GREENWOOD AVENUE
SUITE 301
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5325 GREENWOOD AVENUE
SUITE 301
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 26-0160234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SUGARMAN, JAMES M CEO
5325 GREENWOOD AVENUE
SUITE 301
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

ALLARD, PATRICIA S INT ED
5325 GREENWOOD AVENUE
SUITE 301
WEST PALM BEACH, FL 33407 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: PATRICIA S. ALLARD, INTERIM EXEC DIRECTOR

07/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEALEY, JULIE PRES
Address: 5325 GREENWOOD AVE STE 301
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: MCDONALD, PATRICIA VP
Address: 5325 GREENWOOD AVE STE 301
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: DEWOODY-BRACCI, COLLEEN TREAS
Address: 5325 GREENWOOD AVE STE 301
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: VOGELSANG, STEVE BD MEM
Address: 5325 GREENWOOD AVENUE SUITE 301
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: PATRICIA S. ALLARD

IED

07/15/2009

Electronic Signature of Signing Officer or Director

Date