

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002503

FILED
Apr 29, 2009
Secretary of State

Entity Name: FAMILIES OF KIDS WITH MOOD AND ANXIETY DISORDERS, INC.

Current Principal Place of Business:

% DEBORAH THEISEN
1438 MAXIMILIAN DRIVE
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

Current Mailing Address:

% DEBORAH THEISEN
1438 MAXIMILIAN DRIVE
WESLEY CHAPEL, FL 33543

New Mailing Address:

FEI Number: 26-2165778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THEISEN, DEBORAH
1438 MAXIMILIAN DRIVE
WESLEY CHAPEL, FL 33543 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: PD () Delete
Name: THEISEN, DEBORAH
Address: 1438 MAXIMILIAN DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: TD () Delete
Name: THEISEN, KEITH
Address: 1438 MAXIMILIAN DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VPD () Delete
Name: JOHNSON, LAURA
Address: 6006 N HIGHLAND AVENUE
City-St-Zip: TAMPA, FL 33604

Title: SD () Delete
Name: GOLDSTEIN, BRENDA
Address: 1251 MAXIMILIAN DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: GUINEA, MARY ELIZABETH
Address: 105 SOUTH ALBANY AVENUE
City-St-Zip: TAMPA, FL 33606

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:

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: DEBORAH THEISEN

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date