

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008584

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: CHILDREN'S SERVICES CENTER, INC.

## Current Principal Place of Business:

2912 NORTH "E" STREET  
PENSACOLA, FL 32501

## New Principal Place of Business:

2912 NORTH E ST.  
PENSACOLA, FL 32501

## Current Mailing Address:

2912 NORTH "E" STREET  
PENSACOLA, FL 32501

## New Mailing Address:

2912 NORTH E ST.  
PENSACOLA, FL 32501

FEI Number: 26-3462755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HUSTON, GARY W  
125 W ROMANA STREET SUITE 800  
PENSACOLA, FL 32502 US

## Name and Address of New Registered Agent:

WHITE, SHERRY A DR.  
2912 NORTH E ST.  
PENSACOLA, FL 32501 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: DR. SHERRY A. WHITE

03/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WHITE, SHERRY A DR.  
Address: 2912 NORTH  
City-St-Zip: PENSACOLA, FL 32501

Title: CD ( ) Delete  
Name: RENFROE, J. BEN MD  
Address: 2912 NORTH  
City-St-Zip: PENSACOLA, FL 32501

Title: VD ( ) Delete  
Name: HILL, MIKE  
Address: 2912 NORTH  
City-St-Zip: PENSACOLA, FL 32501

Title: TD ( ) Delete  
Name: BARBEE, ANNA  
Address: 2912 NORTH  
City-St-Zip: PENSACOLA, FL 32501

Title: SD ( ) Delete  
Name: FIELDER, MICHELE W  
Address: 2912 NORTH  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete  
Name: LINTER, BARRY  
Address: 2912 NORTH  
City-St-Zip: PENSACOLA, FL 32501

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WHITE, SHERRY A DR.  
Address: 2912 NORTH ST.  
City-St-Zip: PENSACOLA, FL 32501

Title: CD (X) Change ( ) Addition  
Name: RENFROE, J. BEN MD  
Address: 400 GULF BREEZE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32561

Title: VD (X) Change ( ) Addition  
Name: HILL, MIKE  
Address: 611 NEW WARRINGTON RD.  
City-St-Zip: PENSACOLA, FL 32506

Title: TD (X) Change ( ) Addition  
Name: BARBEE, ANNA  
Address: 2704 NORTH 12TH AVENUE  
City-St-Zip: PENSACOLA, FL 32503

Title: SD (X) Change ( ) Addition  
Name: FIELDER, MICHELE W  
Address: 70 N. BAYLEN ST.  
City-St-Zip: PENSACOLA, FL 32501

Title: D (X) Change ( ) Addition  
Name: LINTNER, BARRY  
Address: 6310 PALAFOX ST.  
City-St-Zip: PENSACOLA, FL 32503

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: J. BEN RENFROE, M.D.

CD

03/27/2009

Electronic Signature of Signing Officer or Director

Date