2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005
Secretary of State

DOCUMENT# N33716

Entity Name: COMMUNITIES IN SCHOOLS OF FLORIDA, INC.

Current Principal Place of Business:

2850-B PABLO AVE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

444 APPLEYARD DRIVE
TALLAHASSEE, FL 32304 US

Current Mailing Address:

2850-B PABLO AVE
TALLAHASSEE, FL 32308 US

New Mailing Address:

444 APPLEYARD DRIVE
TALLAHASSEE, FL 32304 US

FEI Number: 65-0139769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GRACEY, LOIS L
2850-B PABLO AVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

GRACEY, LOIS L
444 APPLEYARD DRIVE
TALLAHASSEE, FL 32304 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: _____ 01/21/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: RANNEY, THOMAS A
Address: 4848 REDBUD LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: CD ( ) Delete
Name: ADAMS, KATHY
Address: 250 S AUSTRALIAN AVE. #104
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VCD ( ) Delete
Name: MESSERSMITH, FRANK
Address: 215 S. MONROE ST. #505
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD ( ) Delete
Name: GRACEY, LOIS L
Address: 2728-C PABLO AVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD ( ) Delete
Name: DAVIS, SANDRA
Address: 801 MARSH TRAIL CIRCLE
City-St-Zip: ATLANTA, GA 30328

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: PD (X) Change ( ) Addition
Name: GRACEY, LOIS L
Address: 444 APPLEYARD DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

Title: SD (X) Change ( ) Addition
Name: DAVIS, SANDRA
Address: 20 WESTFAIR COURT
City-St-Zip: ATLANTA, GA 30328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOIS GRACEY PD 01/21/2005
Electronic Signature of Signing Officer or Director — Date