2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N33716

Entity Name: COMMUNITIES IN SCHOOLS OF FLORIDA, INC.

Current Principal Place of Business:

444 APPLEYARD DRIVE
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

444 APPLEYARD DRIVE
TALLAHASSEE, FL 32304 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

GRACEY, LOIS L
444 APPLEYARD DRIVE
TALLAHASSEE, FL 32304 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: D ( ) Delete
Name: MESSERMITH, FRANK
Address: 2901 LAKE BRADFORD RD. S.
City-St-Zip: TALLAHASSEE, FL 32310

Title: CD ( ) Delete
Name: KELLY, CATHERINE
Address: 4800 DEERWOOD CAMPUS PKWY. DC3-4
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD ( ) Delete
Name: BRAMBLETT, CINDY
Address: 516 N ADAMS ST
City-St-Zip: TALLAHASSEE, FL 32301

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MESSERSMITH, FRANK
Address: 2901 LAKE BRADFORD RD. S.
City-St-Zip: TALLAHASSEE, FL 32310

Title: CD (X) Change ( ) Addition
Name: WINBUSH, WYMAN
Address: 11704 SEAVIEW DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

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: LOIS L. GRACEY PD 01/07/2009

Electronic Signature of Signing Officer or Director Date