
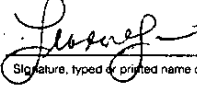
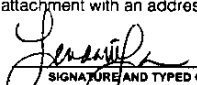


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90116 003 ****61.25

DOCUMENT # N48809			
1. Entity Name CHILDREN'S SERVICES COUNCIL OF FLORIDA, INC.			
Principal Place of Business 2030 SE OCEAN BLVD. STUART, FL 34996 US		Mailing Address 2030 SE OCEAN BLVD. STUART, FL 34996 US	
2. Principal Place of Business 1095 A. PHILIP RANDOLPH BLVD		3. Mailing Address 1095 A. PHILIP RANDOLPH BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32206	Country US	Zip 32206	Country US
4062006 Chg-NP		CR2E037 (11/05)	
4. FEI Number 65-0299932		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
YATES, HARRY A CHILDREN'S SERVICES COUNCIL MARTIN CTY 2030 SE OCEAN BLVD STUART, FL 34996		Name LINDA M. LANIER	
		Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE CHILDREN'S COMMISSION	
		1095 A. PHILIP RANDOLPH BLVD	
		City JACKSONVILLE	FL Zip Code 32206
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		Linda M. Lanier, Treasurer	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
4/7/06		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KATHY, BASILE 250 NW COUNTRY CLUB DR PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YATES, HARRY A 2030 SE OCEAN BLVD STUART, FL 34996 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CINDY, ARENBERG 115 S ANDREWS AVE. RM 360 A FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDA M. LANIER 1095 A. PHILIP RANDOLPH BLVD JACKSONVILLE, FL 32206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MODESTO E. ABETY 4500 BISCAYNE BLVD, STE 201 MIAMI, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Linda M. Lanier, Treasurer	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/7/06 Daytime Phone #	

50014474

