


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 30 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N48809</b> 1. Entity Name CHILDREN'S SERVICES COUNCIL OF FLORIDA, INC.	
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Principal Place of Business 1095 A PHILIP RANDOLPH BLVD JACKSONVILLE, FL 32206 US	Mailing Address 1095 A PHILIP RANDOLPH BLVD JACKSONVILLE, FL 32206 US
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2. Principal Place of Business - No P.O. Box # 216 S. MONROE ST. Suite, Apt. #, etc.	3. Mailing Address 216 S. MONROE ST. Suite, Apt. #, etc.
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04252007 Chg-NP CR2E037 (12/06) 07

City & State TALLAHASSEE, FL	City & State TALLAHASSEE, FL
Zip 32301	Zip 32301

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

LANIER, LINDA M  
 JACKSONVILLE CHILDREN'S COMMISSION  
 1095 A PHILIP RANDOLPH BLVD  
 JACKSONVILLE, FL 32206

7. Name and Address of New Registered Agent

Name: ALARCON, VIVIAN  
 Street Address (P.O. Box Number is Not Acceptable):  
 216 S. MONROE STREET  
 City: TALLAHASSEE FL Zip Code: 32301

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: *Vivian Alarcon* DATE: 4/24/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	C <input checked="" type="checkbox"/> Delete CINDY, ARENBERG 115 S ANDREWS AVE. RM 360 A FORT LAUDERDALE, FL 33301
TITLE	TD <input type="checkbox"/> Delete LANIER, LINDA M 1095 A PHILIP RANDOLPH BLVD JACKSONVILLE, FL 32206
TITLE	VD <input type="checkbox"/> Delete ABETY, MODESTO E 4500 BISCAYNE BLVD STE 201 MIAMI, FL 33137
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900102237839 05/14/07--01009--019 **61.25
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ABETY, MODESTO E. 3150 SW 3RD AVE., 8TH FLOOR MIAMI, FL 33129
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BASILE, KATHRYN 250 NW COUNTRY CLUB DR SUITE 240 PORT ST. LUCIE, FL 34986
TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition YATES, HARRY A. 2030 SE OCEAN BLVD STUART, FL 34996
TITLE	<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* LINDA M. LANIER DATE: 4-27-07 DAYTIME PHONE #: 850.402.5437  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR