


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90015 031 ****61.25

DOCUMENT # N48809			
1. Entity Name CHILDREN'S SERVICES COUNCIL OF FLORIDA, INC.			
Principal Place of Business 216 S. MONROE STREET TALLAHASSEE, FL 32301 US		Mailing Address 216 S. MONROE STREET TALLAHASSEE, FL 32301 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		-01232008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 65-0299932	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

40015400



6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ALARCON, VIVIAN 216 S. MONROE STREET TALLAHASSEE, FL 32301				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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	S	<input checked="" type="checkbox"/> Delete		TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BASILE, KATHRYN			NAME	EBBOLE, TANA		
STREET ADDRESS	250 NW COUNTRY CLUB DRIVE, SUITE 240			STREET ADDRESS	2300 HIGH RIDGE ROAD		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986			CITY-ST-ZIP	BOYNTON BEACH, FL 33426		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	DN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANIER, LINDA M			NAME	LANIER, LINDA		
STREET ADDRESS	1095 A PHILIP RANDOLPH BLVD			STREET ADDRESS	1095 A. PHILIP RANDOLPH BLVD.		
CITY-ST-ZIP	JACKSONVILLE, FL 32206			CITY-ST-ZIP	JACKSONVILLE, FL 32206		
TITLE	P	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABETY, MODESTO E			NAME	ABETY, MODESTO		
STREET ADDRESS	3150 SW 3RD AVENUE, 8TH FLOOR			STREET ADDRESS	3150 SW 3RD AVE, 8TH FLOOR		
CITY-ST-ZIP	MIAMI, FL 33129			CITY-ST-ZIP	MIAMI, FL 33129		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	YATES, HARRY A			NAME	HEATON, DAVID		
STREET ADDRESS	2030 SE OCEAN BLVD.			STREET ADDRESS	2030 SE OCEAN BLVD.		
CITY-ST-ZIP	STUART, FL 34996			CITY-ST-ZIP	STUART, FL 34996		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Vivian Alarcon **VIVIAN ALARCON** 1/28/08 850/402-5437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #