

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48809

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: CHILDREN'S SERVICES COUNCIL OF FLORIDA, INC.

**Current Principal Place of Business:**

216 S. MONROE STREET  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

216 S. MONROE STREET  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

FEI Number: 65-0299932      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ALARCON, VIVIAN  
216 S. MONROE STREET  
TALLAHASSEE, FL 32301 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: DS      ( ) Delete  
Name: EBBOLE, TANA  
Address: 2300 HIGH RIDGE RD  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: DV      ( ) Delete  
Name: LANIER, LINDA M  
Address: 1095 A PHILIP RANDOLPH BLVD  
City-St-Zip: JACKSONVILLE, FL 32206

Title: DP      ( ) Delete  
Name: ABETY, MODESTO  
Address: 3150 SW 3RD AVE 8TH FL  
City-St-Zip: MIAMI, FL 33129

Title: DT      ( ) Delete  
Name: HEATON, DAVID  
Address: 2030 SE OCEAN BLVD  
City-St-Zip: STUART, FL 34996

**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:      ( ) 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: VIVIAN ALARCON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CEO

06/23/2009

\_\_\_\_\_  
Date