

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005197

**FILED**  
**Apr 22, 2004**  
**Secretary of State****Entity Name:** THE FLORIDA FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH, INC.**Current Principal Place of Business:**3927 SPRING CREEK HWY  
CRAWFORDVILLE, FL 32327 US**New Principal Place of Business:****Current Mailing Address:**3927 SPRING CREEK HWY  
CRAWFORDVILLE, FL 32327 US**New Mailing Address:****FEI Number:** 59-3193970**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WELLS, CONNI J  
3922 SPRING CREEK HWY  
CRAWFORDVILLE, FL 32327 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:** VDS ( ) Delete  
**Name:** GLUZ, DORI  
**Address:** PO BOX 10475  
**City-St-Zip:** DAYTONA BEACH, FL 32120**Title:** PD ( ) Delete  
**Name:** JUSTISS, STACY  
**Address:** 25 SHARMIN CIRCLE  
**City-St-Zip:** CRAWFORDVILLE, FL 32327**Title:** T ( ) Delete  
**Name:** DOTSON, KIM  
**Address:** 2475 APALACHEE PKWY STE 205  
**City-St-Zip:** TALLAHASSEE, FL 32301**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:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CONNI WELLS

ED

04/22/2004

Electronic Signature of Signing Officer or Director

Date