

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005948

FILED
Feb 20, 2008
Secretary of State

Entity Name: DR. PIPER CENTER FOR SOCIAL SERVICES, INC.

Current Principal Place of Business:

1771 EVANS AVE.
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

1771 EVANS AVE.
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 65-0788551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAXWELL, SUE
1771 EVANS AVE.
FT. MYERS, FL 33901 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: D () Delete
Name: MAXWELL, SUE
Address: 2776 CLEVELAND AVE
City-St-Zip: FT. MYERS, FL 33901

Title: D () Delete
Name: SOTER, ROBERT
Address: 6209 EMERALD PINES CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: SCOTT, RALEIGH C
Address: 2135 CRYSTAL DR #37
City-St-Zip: FT MYERS, FL 33907

Title: D () Delete
Name: LILES, JOSEPH
Address: 944 LAKESIDE DR
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: MCKINNEY, CHARLES DR
Address: 19501 BEN HILL GRIFFEN PKY
City-St-Zip: FT MYERS, FL 33965

Title: D () Delete
Name: CARTER, DIONNE
Address: 636 DEL PRADO BLVD.
City-St-Zip: CAPE CORAL, FL 33990

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
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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: NIDA C. ELUNA

E.D.

02/20/2008

Electronic Signature of Signing Officer or Director

Date