2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# N97000006859

Entity Name: CENTRAL FLORIDA HUMAN SERVICES, INC.

Current Principal Place of Business:

1325 GEORGE JENKINS BLVD.
LAKELAND, FL 33815

New Principal Place of Business:

1325 GEORGE JENKINS BLVD
LAKELAND, FL 33815

Current Mailing Address:

P.O. BOX 1067
LAKELAND, FL 338021067 US

New Mailing Address:

FEI Number: 59-3481836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELCH, J E
1325 GEORGE JENKINS BLVD.
LAKELAND, FL 33815 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: EANETT, ROBERT B M.D.
Address: 1033 DRANE FIELD ROAD
City-St-Zip: LAKELAND, FL 33813

Title: DVPS ( ) Delete
Name: GARRETT, HOWARDENE
Address: 1911 CHEROKEE TRAIL
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete
Name: BOONE, KELLY
Address: 1029 EUCLID AVE
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Delete
Name: SMITH, SHERWOOD
Address: 1515 LEIGHTON AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete
Name: STEED, PAT
Address: 2248 CRYSTAL GROVE LANE
City-St-Zip: LAKELAND, FL 33801

Title: P ( ) Delete
Name: SALE, ALLEN
Address: 309 S. TENNESSEE AVE
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: EANETT, ROBERT B M.D.
Address: 1033 NORTH PARKWAY FRONTAGE RD.
City-St-Zip: LAKELAND, FL 33813

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: D (X) Change ( ) Addition
Name: DARBY, BRUCE W PHD
Address: 111 LAKE HOLLINGSWORTH DRIVE
City-St-Zip: LAKELAND, FL 33801

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 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: ALLEN SALE P 03/06/2007

Electronic Signature of Signing Officer or Director — Date