

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008791

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: FAMILY & CHILD DEVELOPMENT OF NORTHWEST FLORIDA, INC.

## Current Principal Place of Business:

C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DR., STE. 1014  
FT. WALTON BEACH, FL 32547

## New Principal Place of Business:

C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DRIVE STE 1014  
FORT WALTON BEACH, FL 32547

## Current Mailing Address:

C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DR., STE. 1014  
FT. WALTON BEACH, FL 32547

## New Mailing Address:

C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DRIVE STE 1014  
FORT WALTON BEACH, FL 32547

FEI Number: 04-3621023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOSTER, WILLIAM SCOTT  
909 MAR WALT DR., STE. 1014  
FT. WALTON BEACH, FL 32547 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BROWN, DONALD G  
Address: 348 MIRACLE STRIP PKWY STE 3  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D (X) Delete  
Name: SILVERS, DAVID A  
Address: 348 MIRACLE STRIP PKWY STE 3  
City-St-Zip: FORT WALTON BEACH, FL 32548

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BROWN, DONALD G  
Address: 348 MIRACLE STRIP PKWY STE 3 BLDG B  
City-St-Zip: FORT WALTON BEACH, FL 32548

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON G. BROWN

OWNE

01/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date