

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036776

FILED
Apr 30, 2005
Secretary of State

Entity Name: CHILDREN'S PSYCHOLOGICAL SERVICES CENTER, INC.

Current Principal Place of Business:

1079 CORBY CT.
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16134
TALLAHASSEE, FL 323176134

New Mailing Address:

FEI Number: 32-0070665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKINSON, HOLLY S
1079 CORBY CT.
TALLAHASSEE, FL 32317 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: MS () Delete
Name: DICKINSON, HOLLY S
Address: 1079 CORBY COURT
City-St-Zip: TALLAHASSEE, FL 32317

Title: MS () Delete
Name: MURPHY, HEATHER S
Address: 9170 OLD CHEMONIE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: HEATHER MURPHY

MS

04/30/2005

Electronic Signature of Signing Officer or Director

Date