2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007
Secretary of State

DOCUMENT# P06000147469

Entity Name: CENTRAL FLORIDA MENTAL HEALTH FOR CHILDREN AND FAMILIES, INC.

Current Principal Place of Business:

9953 REDS LN
CLERMONT, FL 34711 US

New Principal Place of Business:

655 WEST HIGHWAY 50
102
CLERMONT, FL 34711 US

Current Mailing Address:

9953 REDS LN
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 20-5950099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLEY, TORI
9953 REDS LN
CLERMONT, FL 34711 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: P D ( ) Delete
Name: KELLEY, TORI
Address: 9953 REDS LN
City-St-Zip: CLERMONT, FL 34711 US

Title: VSTD ( ) Delete
Name: KELLEY, RICK
Address: 9953 REDS LN
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KELLEY, TORI
Address: 9953 REDS LN
City-St-Zip: CLERMONT, FL 34711 US

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: TORI KELLEY PD 03/22/2007

Electronic Signature of Signing Officer or Director Date