
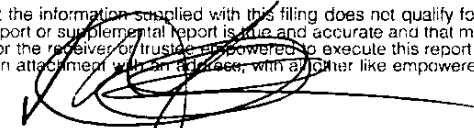


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90018 040 ***150.00

DOCUMENT # P06000147469			
1. Entity Name CENTRAL FLORIDA MENTAL HEALTH FOR CHILDREN AND FAMILIES, INC.			
Principal Place of Business 655 WEST HIGHWAY 50 102 CLERMONT FL 34711 US		Mailing Address 9953 REDS LN CLERMONT FL 34711 US	
2. Principal Place of Business - No P.O. Box # 221 North Hwy 27		3. Mailing Address 221 North Hwy 27	
Suite, Apt. #, etc. B		Suite, Apt. #, etc.	
City & State Clermont, FL		City & State FL 34711	
Zip 34711	Country USA	Zip	Country
6. Name and Address of Current Registered Agent KELLEY, TORI 9953 REDS LN CLERMONT FL 34711		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLEY, TORI 9953 REDS LN CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KELLEY, RICK 9953 REDS LN CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with a power of attorney, or with a power of attorney.			
SIGNATURE: 		TORI KELLEY 2-5-08 352-536-1364	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	