

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736581

Entity Name: THE FLORIDA CENTER FOR CHILDREN AND YOUTH, INC.**Current Principal Place of Business:**111 S MAGNOLIA DRIVE SUITE 4
TALLAHASSEE, FL 32301**Current Mailing Address:**PO BOX 956
TALLAHASSEE, FL 32302-1718 US**FEI Number:** 59-1710785**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRISON, NANCY
111 S MAGNOLIA DRIVE SUITE 4
TALLAHASSEE, FL 32301 US*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:** NANCY HARRISON

01/12/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BRADLEY, ROBERT DR.
Address 111 S MAGNOLIA DRIVE SUITE 4
City-State-Zip: TALLAHASSEE FL 32301

Title CHAIRMAN
Name GAINOUS, FRED DR.
Address 111 S MAGNOLIA DRIVE SUITE 4
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name WATKINS, MIKE
Address 111 S MAGNOLIA DRIVE SUITE 4
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name JENKINS, CASSANDRA
Address 111 S MAGNOLIA DRIVE SUITE 4
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name FLOWERS, DOBY
Address 111 S MAGNOLIA DRIVE SUITE 4
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name RAVOIRA, LAWANDA DR.
Address 111 S MAGNOLIA DRIVE SUITE 4
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name CRAIG-MYERS, CATHERINE
Address 111 S MAGNOLIA DRIVE SUITE 4
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name JENSEN, NAN
Address 111 S MAGNOLIA DRIVE SUITE 4
City-State-Zip: TALLAHASSEE FL 32301

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: LINDA ALEXIONOK**PRESIDENT**

01/12/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name REMMER RYZEWIC, SUSAN
Address 111 S MAGNOLIA DRIVE SUITE 4
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name JOE, RONALD COL
Address 111 S MAGNOLIA DRIVE SUITE 4
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER
Name CUTRIGHT, STEVE
Address 111 S MAGNOLIA DRIVE SUITE 4
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name GREEN, CECKA R
Address 111 S MAGNOLIA DR
STE 4
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name TURNER, SHAIRI DR.
Address 111 S MAGNOLIA DRIVE SUITE 4
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name JOE, LENITA
Address 111 S MAGNOLIA DRIVE SUITE 4
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT
Name ALEXIONOK, LINDA
Address 111 S MAGNOLIA DRIVE
STE 4
City-State-Zip: TALLAHASSEE FL 32301