

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703423

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** THE CHILDREN'S HOME, INC.

**Current Principal Place of Business:**

10909 MEMORIAL HWY  
TAMPA, FL 336152599 US

**New Principal Place of Business:**

**Current Mailing Address:**

10909 MEMORIAL HWY  
TAMPA, FL 336152599 US

**New Mailing Address:**

**FEI Number:** 59-0696284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GORDON, BRUCE H  
101 E KENNEDY BLVD  
TAMPA, FL 33602 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

**OFFICERS AND DIRECTORS:**

Title: CHR  
Name: ALBERS, GREGORY MR.  
Address: 15500 LIGHTWAVE DRIVE #100  
City-St-Zip: CLEARWATER, FL 33760

Title: SEC  
Name: ADAMS, CHERYL MRS  
Address: 4942 ST CROIX DRIVE  
City-St-Zip: TAMPA, FL 33629

Title: CEO  
Name: VENEMAN, GERARD  
Address: 9111 BRINDLEWOOD DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: CFO  
Name: LATORTUE, REYNALD  
Address: 9719 YESHUA WAY  
City-St-Zip: TAMPA, FL 33618

Title: TRES  
Name: BOULAY, SHERRY MS  
Address: 906 EAGLE LANE  
City-St-Zip: APOLLO BEACH, FL 33572

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: REYNALD LATORTUE

CFO

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date