# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005415

1 of 2

1. Entity Name
A CHOSEN CHILD, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 PM 4:37

| Principal Place of Business | Mailing Address |
|---|---|
| | |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1516 E. Hillcrest Street | 1516 E. Hillcrest Street |
| Suite, Apt. #, etc. Suite 200-A | Suite, Apt. #, etc. Suite 200-A |
| City & State Orlando, FL | City & State Orlando, FL |
| Zip 32803 Country Orange | Zip 32803 Country Orange |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3747096 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| Patricia L. Strowbridge<br>1516 E. Hillcrest Street, Suite 200-A<br>Orlando, FL 32803 | Name not applicable/same<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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.

SIGNATURE Patricia L. Strowbridge 10/24/01
Signature required for the named registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to: Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/S/T & Director<br>Patricia L. Strowbridge<br>1516 E. Hillcrest Street, Ste. 200-A<br>Orlando, FL 32803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Linda G. Ratcliff<br>1516 E. Hillcrest St., Ste. 200-A<br>Orlando, FL 32803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>700004699617---2<br>-11/30/01--01014--027<br>*****70.00 *****70.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Barbara L. Hutchison<br>1516 E. Hillcrest St., Ste. 200-A<br>Orlando, FL 32803 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Edna Brown, LMHC<br>1516 E. Hillcrest St., Ste. 200-A<br>Orlando, FL 32803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>AD |

CR2E037 (11/00)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Patricia L. Strowbridge 10/24/01 1-800-339-3821 or (407) 894-1599
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN Date Phone #

202

**A CHOSEN CHILD**
**1516 E. HILLCREST STREET, SUITE 200**
**ORLANDO, FLORIDA 32803**
**1-800-339-3821 or**
**(407) 894-1599**

Secretary of State
Corporations Division
P. O. Box 6327
Tallahassee, FL 32314

Attention: Reinstatement Department

Re: A Chosen Child, Inc.

Dear Sir or Madam:

Recently, in reviewing my file for A Chosen Child, Inc., I discovered that I never received an Annual Report or any correspondence from the Corporations Division subsequent to receipt of confirmation of the filing of the Articles of Incorporation. Upon a check by telephone with the Corporations Division, I was advised that A Chosen Child, Inc. had been administratively dissolved for not filing the Annual Report. I was also advised that I should have received the Annual Report form in January and a follow-up letter in May letting me know that the Report was delinquent. I can honestly tell you that I did not receive either document for A Chosen Child, Inc.

I am providing the following information and enclosing my check for $150.00 for the reinstatement of A Chosen Child, Inc.

| | |
|---|---|
| Employer Identification No. | 59-3747096 |
| Principal Address: | 1516 E. Hillcrest Street, Suite 200<br>Orlando, FL 32803 |
| No change in Registered Office,<br>Registered Agent and Street Address | |
| President/Secretary/Treasurer | Patricia L. Strowbridge<br>1516 E. Hillcrest Street, Suite 200<br>Orlando, FL 32803 |