2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State
02-05-2004 90006 017 ****61.25

DOCUMENT # N00000005415

1. Entity Name
A CHOSEN CHILD, INC.

Principal Place of Business	Mailing Address
1516 E. COLONIAL DRIVE SUITE 200 ORLANDO, FL 32803	1516 E. COLONIAL DRIVE SUITE 200 ORLANDO, FL 32803

2. Principal Place of Business	3. Mailing Address
1516 E. Colonial Drive	1516 E. Colonial Drive
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32803 Country: Orange	Zip: 32803 Country: Orange

01292004 Chg-NP CR2E037 (10/03)

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
STROWBRIDGE, PATRICIA L 1516 E. COLONIAL DRIVE SUITE 200 ORLANDO, FL 32803	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD STROWBRIDGE, PATRICIA 1516 E HILLCREST STREET, SUITE 200-A ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD STROWBRIDGE, PATRICIA 1516 E. Colonial Drive, Suite 200 Orlando, FL 32803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RATCLIFF, LINDA G 1516 E HILLCREST STREET, SUITE 200-A ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RATCLIFF, LINDA G. 1516 E. COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUTCHINSON, BARBARA 1516 E HILLCREST STREET STE 400-4 ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUTCHISON, BARBARA 1516 E. COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, EDNA LMHC 1516 E HILLCREST STREET, SUITE 200-A ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, EDNA LMHC 1516 E. COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803	☒ 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

Please spell last name correctly when entering on-line info.

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: _____ 1/29/04 407-894-1599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patricia L. Strowbridge, President