

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90103 028 ****61.25

DOCUMENT # N00000005415					
1. Entity Name A CHOSEN CHILD, INC.					
Principal Place of Business 1516 E. COLONIAL DRIVE SUITE 200 ORLANDO, FL 32803			Mailing Address 1516 E. COLONIAL DRIVE SUITE 200 ORLANDO, FL 32803		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent STROWBRIDGE, PATRICIA L 1516 E. COLONIAL DRIVE SUITE 200 ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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. COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATCLIFF, LINDA G 1516 E. COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINSON, BARBARA 1516 E. COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, EDNA LMHC 1516 E. COLONIAL DRIVE, SUITE 200 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 HUTCHISON, BARBARA 1516 E. COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803	☐ Change ☐ Addition			
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 HUTCHISON, BARBARA 1516 E. COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803	☐ Change ☐ Addition			
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3/11/05 Daytime Phone # 407-894-1599					

50025673



01142005 Chg-NP CR2E037 (10/03)

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

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