2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N00000005415

Entity Name: A CHOSEN CHILD, INC.

Current Principal Place of Business:

1516 E. COLONIAL DRIVE
SUITE 200
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1516 E. COLONIAL DRIVE
SUITE 200
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3747096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STROWBRIDGE, PATRICIA L
1516 E. COLONIAL DRIVE
SUITE 200
ORLANDO, FL 32803 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: PSTD ( ) Delete
Name: STROWBRIDGE, PATRICIA
Address: 1516 E. COLONIAL DRIVE, SUITE 200
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete
Name: RATCLIFF, LINDA G
Address: 1516 E. COLONIAL DRIVE, SUITE 200
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete
Name: HUTCHINSON, BARABAR
Address: 1516 E. COLONIA DRIVE, SUITE 200
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete
Name: BROWN, EDNA LMHC
Address: 1516 E. COLONIAL DRIVE, SUITE 200
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete
Name: MEDINA, MARILSA
Address: 1516 E. COLONIAL DR., 200
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HUTCHISON, BARABAR L
Address: 1516 E. COLONIA DRIVE, SUITE 200
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA L. STROWBRIDGE P 04/14/2009

Electronic Signature of Signing Officer or Director — Date