2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N00000005558

Entity Name: EVERY CHILD, INC.

Current Principal Place of Business:

1700 NORTH DRIVE
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1700 NORTH DRIVE
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-1035374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXANDER, KIM
1751 HAWTHORNE ST.
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

LIVENGOOD, KIM
1751 HAWTHORNE ST.
SARASOTA, FL 34239 US

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: KIM LIVENGOOD 01/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALEXANDER, JUDY
Address: 1700 NORTH DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: LIVENGOOD, ROBERT
Address: 1751 HAWTHORNE
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: ALEXANDER, BARRY
Address: 1700 NORTH DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: LIVENGOOD, KIM
Address: 1751 HAWTHORNE ST.
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JUDY ALEXANDER MRS. 01/15/2009
Electronic Signature of Signing Officer or Director Date