


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAR -7 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000004422 1. Entity Name CHILDREN'S BURN CAMP OF NORTH FLORIDA, INCORPORATED	
--	---

Principal Place of Business 109 PUTNAM DR TALLAHASSEE, FL 32301	Mailing Address PO BOX 368 TALLAHASSEE, FL 32302
---	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03072007 Chg-NP CR2E037 (12/06) 07

4. FEI Number 20-0039428	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTS, FULTON 109 PUTNAM DR TALLAHASSEE, FL 32301	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: *Robert* DATE: 3-7-2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	ROBERTS, FULTON
STREET ADDRESS	109 PUTNAM DR
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D <input type="checkbox"/> Delete
NAME	ANZALONE, TROY
STREET ADDRESS	201 SHADY OAK DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	BARNETT, MICHELLE
STREET ADDRESS	1950 NORTH POINT BLVD #516
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	DT <input type="checkbox"/> Delete
NAME	POWELL, STEPHANIE
STREET ADDRESS	7854 TALLY ANN DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200092305312
STREET ADDRESS	03/13/07--01006--019 **70.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST Powell, Stephanie
STREET ADDRESS	7854 Tally Ann Drive
CITY-ST-ZIP	Tallahassee FL 32310
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cooksey, Sarah
STREET ADDRESS	5292 Buck Lake Rd
CITY-ST-ZIP	Tallahassee FL 32317
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Robert* DATE: 3-7-2007 DAYTIME PHONE #: 850-509-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #