

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 10, 2009
Secretary of State**

DOCUMENT# N03000004422

Entity Name: CHILDREN'S BURN CAMP OF NORTH FLORIDA, INCORPORATED

Current Principal Place of Business:

109 PUTNAM DR
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 368
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 20-0039428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTS, FULTON
109 PUTNAM DR
TALLAHASSEE, FL 32301 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: D () Delete
Name: ROBERTS, FULTON
Address: 109 PUTNAM DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: ANZALONE, TROY
Address: 418 VINNEDGE RIDGE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: COOKSEY, SARAH
Address: 5292 BUCK LAKE ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: ST () Delete
Name: POWELL, STEPHANIE
Address: 7854 TALLY ANN DRIVE
City-St-Zip: TALLAHASSEE, FL 32310

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ANZALONE, TROY
Address: 418 VINNEDGE RIDE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Change () Addition
Name: COOKSEY, SARAH
Address: 3132 MISTFLOWER RD
City-St-Zip: TALLAHASSEE, FL 32311

Title: T (X) Change () Addition
Name: POWELL, STEPHANIE
Address: 7854 TALLY ANN DRIVE
City-St-Zip: TALLAHASSEE, FL 32310

Title: S () Change (X) Addition
Name: FEIOCK, TERRI
Address: 109 PUTNAM DR
City-St-Zip: TALLAHASSEE, FL 32301

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: FULTON ROBERTS

D

02/10/2009

Electronic Signature of Signing Officer or Director

Date