

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004422

FILED  
Apr 07, 2011  
Secretary of State

**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  
Name: ROBERTS, FULTON  
Address: 109 PUTNAM DR  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: ANZALONE, TROY  
Address: 418 VINNEDGE RIDE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D  
Name: COOKSEY, SARAH  
Address: 3132 MISTFLOWER RD  
City-St-Zip: TALLAHASSEE, FL 32311

Title: T  
Name: POWELL, STEPHANIE  
Address: 7854 TALLY ANN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32310

Title: S  
Name: FEIOCK, TERRI  
Address: 109 PUTNAM DR  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: BARNETT, MICHELLE  
Address: PO BOX 604  
City-St-Zip: CRAWFORDVILLE, FL 32326

I hereby 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 all other like empowered.

SIGNATURE: FULTON ROBERTS

D

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date