2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010666

City-St-Zip:

Entity Name: THE CHILDREN'S HOME COMMUNITY, INC.

FILED Feb 19, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10909 MEMORIAL HIGHWAY TAMPA, FL 336152599 **Current Mailing Address: New Mailing Address:** P O BOX 262229 10909 MEMORIAL HIGHWAY TAMPA, FL 336152599 TAMPA, FL 33685 FEI Number: 20-0037972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORDON, BRUCE H 101 E. KENNEDY BLVD., SUITE 2800 TAMPA, FL 33602 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition LAWRENCE CYNTHIA MRS Name: Name: Address: Address: 2 EAGLE LANE City-St-Zip: City-St-Zip: PALM HARBOR, FL 34683 Title: Title: () Change (X) Addition () Delete Name: Name: ADAMS, CHERYL MRS Address: Address: 4942 ST CROIX DRIVE City-St-Zip: City-St-Zip: TAMPA, FL 33629 Title: () Delete Title: CEO () Change (X) Addition VENEMAN, GERARD MR Name: Name: 9111 BRINDLEWOOD DRIVE Address: Address: City-St-Zip: City-St-Zip: ODESSA, FL 33556 Title: () Delete Title: CEO () Change (X) Addition Name: Name: BOWER, HAROLD MR 3704 KINGSFORD PLACE Address: Address: City-St-Zip: City-St-Zip: VALRECO, FL 33594 Title: () Delete Title: CHR () Change (X) Addition HARDING, LINDA MRS Name: Name: 201 E KENNEDY BLVD #1200 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

TAMPA, FL 33602

SIGNATURE: HAROLD BOWER JR. CFO 02/19/2004