

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010666

FILED  
Feb 14, 2005  
Secretary of State

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

**Current Principal Place of Business:**

10909 MEMORIAL HIGHWAY  
TAMPA, FL 336152599

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 262229  
TAMPA, FL 33685

**New Mailing Address:**

**FEI Number:** 20-0037972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORDON, BRUCE H  
101 E. KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602 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: TRES ( ) Delete  
Name: LAWRENCE, CYNTHIA MRS  
Address: 2 EAGLE LANE  
City-St-Zip: PALM HARBOR, FL 34683

Title: SEC ( ) Delete  
Name: ADAMS, CHERYL MRS  
Address: 4942 ST CROIX DRIVE  
City-St-Zip: TAMPA, FL 33629

Title: CEO ( ) Delete  
Name: VENEMAN, GERARD MR  
Address: 9111 BRINDLEWOOD DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: CFO ( ) Delete  
Name: BOWER, HAROLD MR  
Address: 3704 KINGSFORD PLACE  
City-St-Zip: VALRECO, FL 33594

Title: CHR ( ) Delete  
Name: HARDING, LINDA MRS  
Address: 201 E KENNEDY BLVD #1200  
City-St-Zip: TAMPA, FL 33602

**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:

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

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.

SIGNATURE: HAROLD BOWER

CFO

02/14/2005

Electronic Signature of Signing Officer or Director

Date