

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010666

FILED
Mar 19, 2008
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: HARBERT, CAROLYN MRS
Address: 4908 LYFORD CAY ROAD
City-St-Zip: TAMPA, FL 33629 48

Title: SEC () Delete
Name: NEWMAN, MERIDETH MRS
Address: 3102 BEACH 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: LATORTUE, REYNALD MR
Address: 9719 YESHUA WAY
City-St-Zip: TAMPA, FL 33618

Title: CHR () Delete
Name: MASTRORIO, DAVID MR.
Address: P O BOX 273811
City-St-Zip: TAMPA, FL 33688

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 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: REYNALD LATORTUE

CFO

03/19/2008

Electronic Signature of Signing Officer or Director

Date