


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000012282
 1. Entity Name
 WEST FLORIDA CHILDREN'S ASSOCIATION, INC.



Principal Place of Business 4400 E. HIGHWAY 20, SUITE 202 NICEVILLE, FL 32578	Mailing Address 4400 E. HIGHWAY 20, SUITE 202 NICEVILLE, FL 32578
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02082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3917386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PITELL, LISA Y
 4400 E. HIGHWAY 20, SUITE 202
 NICEVILLE, FL 32578

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEDONCZAK, TERESA W PO BOX 8 VALPARAISO, FL 32580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, KELLY 4400 E. HIGHWAY 20, SUITE 202 NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PITELL, LISA Y 4400 E. HIGHWAY 20, SUITE 202 NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRYSON, TOM PO BOX 2258 FT WALTON BEACH, FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Bryson Thomas Bryson 2/8/2007 (850) 833-9330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #