2005 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 8:00 am Secretary of State

02-28-2005 90199 028 ****61.25

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ANNUAL REPURI

DOCUMENT # N22432

Principal Place of Business

1. Entity Name
SPEAK UP FOR CHILDREN IN THE TENTH JUDICIAL CIRCUIT, INC.



C/O KERRY M. WILSON
141 5TH STREET N.W., SUITE 300
WINTER HAVEN, FL 33881

2. Principal Place of Business

Suite, Apt. #, etc.

C/O KERRY M. WILSON
141 5TH STREET N.W., SUITE 300
WINTER HAVEN, FL 33881

3. Mailing Address

Suite, Apt. #, etc.

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z. mopar	3. Massing Address			A ISBNITIST BUR TIBUS AUDII BUBUR URSU KENI BUBUT UTONI BUBUI BUSUN BUBUKEN BE URDI						
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.		02182005 _C	hg-NP CR2E	037 (10/03)					
City & State City & State			4. FEI Number 65-0014075		<u> </u>	plied For				
Zip	Country	Zip	Country	5. Certificate of S	5. Certificate of Status Desired See Required Not Applicable					
-	6. Name and Address of Current	Registered Agent		7. Name and Add	iress of New Registere					
WILSON, KERRY M.				Name						
141 5TH STREET N.W. SUITE 300			Street A	Street Address (P.O. Box Number is Not Acceptable)						
WINTER H	IAVEN, FL 33881		l .							
			City		F	L Zip Cod	9			
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 Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$61.25 9. Election Campaign Financing					Make che	ck:payable to				
			ontribution.	S5.00 May Be Added to Fees	Florida Department of State					
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10			
TITLE	D	. Delete	TITLE	D/S		☐ Change	X Addition			
NAME	STRANG, SHERYLL		NAME	Beverly Langi	ey Stephens					
STREET ADDRESS										
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	318 E Belvedere St Lakeland, FL 33803						
IUTE	D / T	□ Delete	TITLE	D		Сhалде	X Addition			
NAME	KENNEDY, J. KELLY			Sharon Kruse						
STREET ADDRESS CITY+ST-ZIP	198 FIRST STREET SOUTH WINTER HAVEN, FL		STREET ADORESS CITY-ST-ZIP	4431 Oak G <u>l</u> er	Rd					
· · · · · · · · · · · · · · · · · · ·	,			Lakeland, FL	33813					
TITLE	DP WILSON, KERRY M.	☐. Delete.	TITLE .	D Hagel Seller		Change	X Addition			
STREET ADDRESS	141 5TH ST N W STE 300		NAME STREET ADDRESS	Hazel Sellers						
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP	1990 De La Pa Bartow, FL 33	. = 11 1	•				
TITLE		☐ Delete	TITLE	D.	,030	☐ Change	★ Addition			
NAME			NAME	Gabrielle 0'7	Coole					
STREET ADDRESS		•	STREET ADDRESS	1760 Old Eagl	e Lake Rd					
CITY-ST-ZIP			CITY-ST-ZIP	Bartow, FL 33	8830					
TITLE		☐ Delete	TITLE	D		Change	🔀 Addition			
NAME			NAME	Debbi Mancini	_					
STREET ADDRESS			STREET ADDRESS	5019 Lake in	The Woods					
CITY-ST-ZIP			CITY-ST-ZIP	Lakeland, FL	33813		14.			
TITLE		☐ Delete	TITLE	D		Change	Addition 🔼			
NAME OTREET ADOPTED			NAME STREET ADDRESS	Denise Crensh	naw					
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	3303 Turnbern Lakeland, FL	y Lane					
SHIT-SI-DE	L		UII 1-31-4F	Lakerand, FL	22002					

12. I hereby certify that the information supplied with this filting does not qualify 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 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: _			5.1	Lells	Henned	7	reas.	거4	105 863	-294-14
	SIGNATURE AND TYPED OR PRINTE	PRINTED NAME OF BIGNING OFFICER OR DIRECTOR			דעו	Date	,	Daytime Phone	a #	