

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90048 021 ****70.00

DOCUMENT # N22432

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



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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01242008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0014075

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **STRANG, SHERYLL**
CITY-ST-ZIP **1050 W LAKE OTIS DR
WINTER HAVEN, FL 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **STEPHENS, BEVERLY L**
CITY-ST-ZIP **318 E. BELVEDERE STREE
LAKALND, FL 33803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **WILSON, KERRY M.**
CITY-ST-ZIP **141 5TH ST N W STE 300
WINTER HAVEN, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MANCINI, DEBBI**
CITY-ST-ZIP **5019 LAKE IN THE WOODS
LAKELAND, FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SELLERS, HAZEL**
CITY-ST-ZIP **1990 DE LA PALMA
BARTOW, FL 33830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RYNEAR, KAY**
CITY-ST-ZIP **3465 HARBOR BEACH DRIVE
LAKE WALES, FL 33859**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/8
Date

863.698.2371
Daytime Phone #