2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002741

Entity Name: CHILDREN ARE OUR FUTURE INC.

FILED May 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

62 LONNIE CLARK ROAD W.S. STEVEN ALTERNATIVE SCHOOL

QUINCY, FL 32351 QUINCY, FL 32351

Current Mailing Address: New Mailing Address:

62 LONNIE CLARK ROAD P.O. BOX 1602 QUINCY, FL 32351 QUINCY, FL 32353

FEI Number: 59-3256305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

TAYLOR, SHERRIE D

1906 KAREN LANE
TALLAHASSEE, FL 32304 US

TAYLOR, SHERRIE D
217 W. CLARK STREET
QUINCY, FL 32351 US

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: SHERRIE TAYLOR 05/05/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PED () Delete Title: PED (X) Change () Addition Name: TAYLOR, SHERRIE TAYLOR, SHERRIE

 Name:
 TAYLOR, SHERRIE
 Name:
 TAYLOR, SHERRIE

 Address:
 1906 KAREN LN.
 Address:
 217 W. CLARK

 City-St-Zip:
 QUINCY, FL 32351
 City-St-Zip:
 QUINCY, FL 32351

Title: D () Delete Title: () Change () Addition

 Name:
 STARGAN, MONZEL
 Name:

 Address:
 1114 BRUMBLY ST
 Address:

 City-St-Zip:
 QUINCY, FL 32351
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 BAKER, MARSHA
 Name:

 Address:
 631 S. STEWART
 Address:

 City-St-Zip:
 QUINCY, FL 32351
 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: SHERRIE TAYLOR PED 05/05/2004