

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 26, 2005
Secretary of State

DOCUMENT# N94000002741

Entity Name: CHILDREN ARE OUR FUTURE INC.**Current Principal Place of Business:**W.S. STEVEN ALTERNATIVE SCHOOL
QUINCY, FL 32351**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1602
QUINCY, FL 32353**New Mailing Address:****FEI Number:** 59-3256305**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TAYLOR, SHERRIE D
217 W. CLARK STREET
QUINCY, FL 32351 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:** PED () Delete
Name: TAYLOR, SHERRIE
Address: 217 W. CLARK
City-St-Zip: QUINCY, FL 32351**Title:** D () Delete
Name: STARGAN, MONZEL
Address: 1114 BRUMBLY ST
City-St-Zip: QUINCY, FL 32351**Title:** D () Delete
Name: BAKER, MARSHA
Address: 631 S. STEWART
City-St-Zip: QUINCY, FL 32351**Title:** () Delete
Name:
Address:
City-St-Zip:**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:** D () Change (X) Addition
Name: OJO, MATTHEW A
Address: 2961 FOXCROFT DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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

07/26/2005

Electronic Signature of Signing Officer or Director

Date