


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2008 8:00 am**  
**Secretary of State**

08-15-2008 90001 047 \*\*\*\*61.25

<b>DOCUMENT # N04000009535</b> 1. Entity Name <b>THE FORGOTTEN ONES, INC.</b>					
Principal Place of Business 1119 S. LOCUST AVE SANFORD, FL 32771			Mailing Address 1119 S. LOCUST AVE SANFORD, FL 32771		
2. Principal Place of Business - No P.O. Box # <b>989 W. Broadway ST</b>		3. Mailing Address <b>P.O. Box 622348</b>			
Suite, Apt. #, etc. <b>601</b>		Suite, Apt. #, etc. <b>601</b>			
City & State <b>Oviedo FL</b>		City & State <b>Oviedo FL 3</b>		4. FEI Number <b>57-1213619</b>	
Zip <b>32765</b>		Country <b>Seminole</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32765</b>		Country <b>Seminole</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>OTTENS, CHRISTINE</b> 1119 S. LOCUST AVE SANFORD, FL 32771			7. Name and Address of New Registered Agent Name <b>Cindy L Cook</b> Street Address (P.O. Box Number is Not Acceptable) <b>989 W Broadway ST</b> City <b>Oviedo</b> <b>FL</b> Zip Code <b>32765</b>		
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 <u><b>Cindy L. Cook</b></u> <u><b>Cindy Cook</b></u> <u><b>8-12-08</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTENS, CHRISTINE 1119 S. LOCUST AVE SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cindy L Cook 989 W Broadway ST Oviedo FL 32765 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><b>Cindy Cook</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><b>8/12/08</b></u> <u><b>467-971-8135</b></u> <small>Date Daytime Phone #</small>		