

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702446

Entity Name: CHILDREN FIRST, INC.**Current Principal Place of Business:**1723 NORTH ORANGE AVENUE
SARASOTA, FL 34234**Current Mailing Address:**1723 NORTH ORANGE AVENUE
SARASOTA, FL 34234 US**FEI Number:** 59-0968249**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TAVILL, PHILIP
1723 N. ORANGE AVE.
SARASOTA, FL 34234 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIR EMERITUS
Name JONES, LESLIE A
Address 7623 ALISTER MCKENZIE DRIVE
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name BENSON, BARBARA G
Address 2894 NOBLE AVENUE
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name HALLINGER, CAROL
Address 3240 LAKE POINT BLVD. #202
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR
Name RAY, LACY
Address 5679 EASTWIND DRIVE
City-State-Zip: SARASOTA FL 34233

Title VC
Name SHAPIRO, M DAVID
Address 308 COCOANUT AVENUE
City-State-Zip: SARASOTA FL 34236

Title CHAIRMAN
Name LEACH, BROCK
Address 5315 HIDDEN HARBOR ROAD
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name MAXHEIM, ELENOR
Address 2377 GULF OF MEXICO DRIVE #2E1
City-State-Zip: SARASOTA FL 34228

Title OFFICER
Name OUREDNIK, JENNIFER
Address 1723 NORTH ORANGE AVE.
City-State-Zip: SARASOTA FL 34234

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER OUREDNIK**DIRECTOR, BUSINESS
OPERATIONS****01/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name ALTMAN, SALLY
Address 1723 NORTH ORANGE AVE
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name CAIL, THOMAS W
Address 1723 NORTH ORANGE AVENUE
City-State-Zip: SARASOTA FL 34234

Title TREASURER
Name ROLLINS, O WAYNE
Address 1723 N ORANGE AVE
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name LAFOY, R. ALAN
Address 1723 NORTH ORANGE AVENUE
City-State-Zip: SARASOTA FL 34234