

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703423

Entity Name: THE CHILDREN'S HOME, INC.**Current Principal Place of Business:**10909 MEMORIAL HWY
TAMPA, FL 33615-2511**Current Mailing Address:**10909 MEMORIAL HWY
TAMPA, FL 33615-2511 US**FEI Number: 59-0696284****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GORDON, BRUCE H
101 E KENNEDY BLVD
TAMPA, FL 33602 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: BRUCE GORDON****03/09/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIR
Name EISCHEID, DAVID
Address 10909 MEMORIAL HWY
City-State-Zip: TAMPA FL 33615-2511

Title FIRST VICE CHAIR
Name DOGALI, HOPE
Address 10909 MEMORIAL HWY
City-State-Zip: TAMPA FL 33615-2511

Title SECOND VICE CHAIR
Name RINKER, CHRIS
Address 10909 MEMORIAL HWY
City-State-Zip: TAMPA FL 33615-2511

Title SECRETARY
Name NEWMAN, MERIDETH
Address 10909 MEMORIAL HWY
City-State-Zip: TAMPA FL 33615-2511

Title TREASURER
Name NEWMAN, ALISON
Address 10909 MEMORIAL HWY
City-State-Zip: TAMPA FL 33615-2511

Title CEO
Name RICKUS, IRENE
Address 10909 MEMORIAL HWY
City-State-Zip: TAMPA FL 33615-2511

Title CFO
Name KILEY, MARY LU
Address 10909 MEMORIAL HWY
City-State-Zip: TAMPA FL 33615-2511

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: MARY LU KILEY**CFO****03/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date