

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007421

**Entity Name:** CHILDREN'S CAMPAIGN, INC.**Current Principal Place of Business:**111 S MAGNOLIA DRIVE SUITE 4  
TALLAHASSEE, FL 32301**Current Mailing Address:**PO BOX 1718  
TALLAHASSEE, FL 32302-1718**FEI Number:** 31-1811747**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRISON, NANCY  
111 S MAGNOLIA DRIVE SUITE 4  
TALLAHASSEE, FL 32301 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:** NANCY HARRISON

03/19/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SUTHERLAND, LINDA  
Address 111 S MAGNOLIA DRIVE SUITE 4  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name COOK, SANDY  
Address 111 S MAGNOLIA DRIVE SUITE 4  
City-State-Zip: TALLAHASSEE FL 32301

Title CHAIRMAN  
Name RUSSELL, LEON  
Address 111 S MAGNOLIA DRIVE SUITE 4  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name GILLUM, R'JAI  
Address 111 S MAGNOLIA DRIVE SUITE 4  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name WHITE, BILL  
Address 111 S MAGNOLIA DRIVE SUITE 4  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name MCCREE, HEIDI  
Address 111 S MAGNOLIA DRIVE SUITE 4  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name TAYLOR, JULIA  
Address 111 S MAGNOLIA DRIVE SUITE 4  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name BATCHELOR, DICK  
Address 111 S MAGNOLIA DRIVE SUITE 4  
City-State-Zip: TALLAHASSEE FL 32301

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*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:** LEON RUSSELL

CHAIRMAN

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	KOTTKAMP, JEFF
Address	111 S MAGNOLIA DRIVE SUITE 4
City-State-Zip:	TALLAHASSEE FL 32301