## **2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004422

Entity Name: CHILDREN'S BURN CAMP OF NORTH FLORIDA,

**INCORPORATED** 

**Current Principal Place of Business:** 

109 PUTNAM DR

TALLAHASSEE, FL 32301

**Current Mailing Address:** 

**PO BOX 368** 

TALLAHASSEE, FL 32302

FEI Number: 20-0039428 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TALLAHASSEE FL 32301

ROBERTS, FULTON 109 PUTNAM DR

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.

City-State-Zip:

TALLAHASSEE FL 32303

SIGNATURE:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Apr 21, 2019

**Secretary of State** 

7358032029CC

Officer/Director Detail:

Title D Title D

NameROBERTS, FULTONNameANZALONE, TROYAddress109 PUTNAM DRAddress418 VINNEDGE RIDE

Title D Title T

NameBARNETT, MICHELLENamePOWELL, STEPHANIEAddressPO BOX 604Address7854 TALLY ANN DRIVE

City-State-Zip: CRAWFORDVILLE FL 32326 City-State-Zip: TALLAHASSEE FL 32310

Title S

Name FEIOCK, TERRI Address 109 PUTNAM DR

City-State-Zip: TALLAHASSEE FL 32301

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: FULTON ROBERTS

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/21/2019