

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004422

**FILED**  
**Apr 26, 2017**  
**Secretary of State**  
**CC6111978901**

**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:**

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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name ROBERTS, FULTON  
Address 109 PUTNAM DR  
City-State-Zip: TALLAHASSEE FL 32301

Title D  
Name ANZALONE, TROY  
Address 418 VINNEDGE RIDE  
City-State-Zip: TALLAHASSEE FL 32303

Title D  
Name BARNETT, MICHELLE  
Address PO BOX 604  
City-State-Zip: CRAWFORDVILLE FL 32326

Title T  
Name POWELL, STEPHANIE  
Address 7854 TALLY ANN DRIVE  
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

**PRESIDENT**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date