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.

PRESIDENT

SIGNATURE: FULTON ROBERTS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0300004422

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

Name and Address of Current Registered Agent:

ROBERTS, FULTON 109 PUTNAM DR TALLAHASSEE, FL 32301 US FILED Apr 13, 2021 Secretary of State 5910823595CC

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Officer/Director Detail :			
Title	D	Title	D
Name	ROBERTS, FULTON	Name	ANZALONE, TROY
Address	109 PUTNAM DR	Address	418 VINNEDGE RIDE
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32303
Title	D	Title	т
Name	BARNETT, MICHELLE	Name	POWELL, STEPHANIE
Address	PO BOX 604	Address	7854 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		

04/13/2021

Date

Date