

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

DOCUMENT# N09000001296

**FILED**  
**Feb 22, 2015**  
**Secretary of State**  
**CC8454303852**

**Entity Name:** FOR THE CHILDREN ECUADOR, INC.

**Current Principal Place of Business:**

34241 DAYBREAK DRIVE  
CALLAHAN, FL 32011

**Current Mailing Address:**

PO BOX 893  
CALLAHAN, FL 32011

**FEI Number: 26-4336460**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SIDNEY S. SIMMONS, P.L.  
1050 RIVERSIDE AVE  
JACKSONVILLE, FL 32204 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 P  
Name PATE, GARY E  
Address 34241 DAYBREAK DR  
City-State-Zip: CALLAHAN FL 32011

Title VP  
Name HURST, HAROLD R  
Address 1201 EAGLE BEND COURT  
City-State-Zip: JACKSONVILLE FL 32226

Title D  
Name MULLINIKS, BILLY JR  
Address 1127 CEDAR BAY ROAD  
City-State-Zip: JACKSONVILLE FL 32218

Title D  
Name WILLIFORD, WAYNE  
Address 9410 COXWELL LANE  
City-State-Zip: JACKSONVILLE FL 32221

*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: GARY PATE**

**PRESIDENT**

**02/22/2015**

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

\_\_\_\_\_  
Date