

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703423

FILED
Apr 11, 2007
Secretary of State

Entity Name: THE CHILDREN'S HOME, INC.

Current Principal Place of Business:

10909 MEMORIAL HWY
TAMPA, FL 336152599 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 262229
TAMPA, FL 336852229 US

New Mailing Address:

FEI Number: 59-0696284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GORDON, BRUCE H
101 E KENNEDY BLVD
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CHR () Delete
Name: MASTRORIO, DAVID MR.
Address: P O BOX 273811
City-St-Zip: TAMPA, FL 33688

Title: SEC () Delete
Name: SCHMITZ, KARL MR
Address: 12000 N. DALE MABRY HWY, STE. 110
City-St-Zip: TAMPA, FL 33618

Title: CEO () Delete
Name: VENEMAN, GERARD
Address: 9111 BRINDLEWOOD DRIVE
City-St-Zip: ODESSA, FL 33556

Title: CFO () Delete
Name: LATORTUE, REYNALD
Address: 9719 YESHUA WAY
City-St-Zip: TAMPA, FL 33618

Title: TRES () Delete
Name: BOULAY, SHERRY MS
Address: 906 EAGLE LANE
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: REYNALD LATORTUE

CFO

04/11/2007

Electronic Signature of Signing Officer or Director

Date