

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759175

FILED
Apr 20, 2009
Secretary of State

Entity Name: CHILD PROTECTION CENTER, INC.

Current Principal Place of Business:

1750 17TH STREET
BLDG L
SARASOTA, FL 34234

New Principal Place of Business:

1750 17TH STREET
BLDG L
SARASOTA, FL 34234 US

Current Mailing Address:

1750 17TH STREET
BLDG L
SARASOTA, FL 34234

New Mailing Address:

1750 17TH STREET
BLDG L
SARASOTA, FL 34234 US

FEI Number: 59-2113850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCONNELL, PATRICIA L
5703 EASTWIND DRIVE
SARASOTA, FL 34233 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: VPD () Delete
Name: BASTEK, WILLIAM
Address: P.O. BOX 4097
City-St-Zip: SARASOTA, FL 34230 US

Title: SD () Delete
Name: ROBERTS, MARILEE
Address: 100 OSPREY POINT DRIVE
City-St-Zip: OSPREY, FL 34229 US

Title: PD () Delete
Name: MCCONNELL, PATRICIA L
Address: 5703 EASTWIND DRIVE
City-St-Zip: SARASOTA, FL 34233 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCONNELL, PATRICIA L
Address: 5703 EASTWIND DRIVE
City-St-Zip: SARASOTA, FL 34233 US

Title: VPD (X) Change () Addition
Name: BASTEK, WILLIAM
Address: P.O. BOX 4097
City-St-Zip: SARASOTA, FL 34230 US

Title: SD (X) Change () Addition
Name: ROBERTS, MARILEE
Address: 100 OSPREY POINT DRIVE
City-St-Zip: OSPREY, FL 34229 US

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA L MCCONNELL

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date