

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760999

FILED
Feb 07, 2007
Secretary of State

Entity Name: CHILDREN'S DREAM FUND, INC.

Current Principal Place of Business:

235 SECOND AVENUE S.
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

235 SECOND AVENUE S.
ST PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-2145821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAKE, CYNTHIA A.
235 SECOND AVENUE S.
ST PETERSBURG, FL 33701 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: S () Delete
Name: KOESTER, WERNER
Address: 700 CENTRAL AVE, SUITE 408
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: P () Delete
Name: FAULK, DEBRA
Address: 4001 SAN NICHOLAS ST.
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: TREMAINE, THOM
Address: 880 CARILLON PARKWAY
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VP () Delete
Name: KIRK, DONALD
Address: 100 NORTH TAMPA SUITE 1350
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: MANNA, NICK
Address: 4100 BOY SCOUT BLVD
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: STEINBRENNER, JOAN
Address: P.O. BOX 6030
City-St-Zip: CLEARWATER, FL 33758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: FAULK, DEBRA
Address: 4001 SAN NICHOLAS ST.
City-St-Zip: TAMPA, FL 33629

Title: T (X) Change () Addition
Name: WENIGER, CHARLIE
Address: 240 BEACH DR. NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: P (X) Change () Addition
Name: KIRK, DONALD
Address: 100 NORTH TAMPA SUITE 1350
City-St-Zip: TAMPA, FL 33602

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

Title: D (X) Change () Addition
Name: HANLEY, JOAN
Address: P.O. BOX 6030
City-St-Zip: CLEARWATER, FL 33758

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: CYNTHIA A. LAKE

VED

02/07/2007

Electronic Signature of Signing Officer or Director

Date