

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000004309

1. Entity Name
CHILDRENS FUND OF ST. CLOUD, INC.



Principal Place of Business
**1137 FLOYD DR.
LEXINGTON, KY 40505**

Mailing Address
**1137 FLOYD DR.
LEXINGTON, KY 40505**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
61-1395113

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BACK, LARRY H
10890 GENERAL DRIVE
ORLANDO, FL 32824**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPT
NAME	ROY GENE MULLINS
STREET ADDRESS	1137 FLOYD DR.
CITY-ST-ZIP	LEXINGTON, KY 40505
TITLE	VCV
NAME	BACK, LARRY H
STREET ADDRESS	3490 CORD AVENUE
CITY-ST-ZIP	ST. CLOUD, FL 34772
TITLE	DS
NAME	CHERI LYNN BACK
STREET ADDRESS	3490 CORD AVENUE
CITY-ST-ZIP	ST. CLOUD, FL 34772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000565057
05/20/06-80106-005 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #