


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000004309</b> 1. Entity Name CHILDRENS FUND OF ST. CLOUD, INC.	
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Principal Place of Business 1137 FLOYD DR. LEXINGTON, KY 40505	Mailing Address 1137 FLOYD DR. LEXINGTON, KY 40505
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**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 61-1395113	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BACK, LARRY H 10890 GENERAL DRIVE ORLANDO, FL 32824
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT ROY GENE MULLINS 1137 FLOYD DR. LEXINGTON, KY 40505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV BACK, LARRY H 3490 CORD AVENUE ST. CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHERI LYNN BACK 3490 CORD AVENUE ST. CLOUD, FL 34772
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U00000624116  
02/14/07-80017-022 61.25

**DO NOT WRITE  
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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 the 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: Gene Mullins **GENE MULLINS** 1-30-2007  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #