2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001046

FILED Apr 30, 2004 Secretary of State

Entity Name: ADOLESCENT AND CHILD TARGETS FOR HEALTH FOUNDATION, INC.

Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:			
	IMMOND RD. OH 43606			601 FOURTH ST. SOUTH, CRI 1008 ST. PETERSBURG, FL 33701			
Current M	lailing Addres	s:	New Mail	New Mailing Address:			
	IMMOND RD. OH 43606			601 FOURTH ST. SOUTH, CRI 1008 ST. PETERSBURG, FL 33701			
FEI Number	: 34-1968245	FEI Number Applied For()	FEI Number Not App	plicable ()	Certificate of Status De	esired()	
Name and	d Address of C	urrent Registered Agent:	Name and	d Address o	f New Registered Age	nt:	
1200 SOU	PORATION SYS ITH PINE ISLAI ION, FL 33324	ND ROAD					
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing	its registered	d office or registered age	ent, or both,	
SIGNATU	RE:						
	Electron	ic Signature of Registered Age	ent	Date			
OFFICER	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	C () PLATT, LARRY 565 BELLEVUE OAKLAND, CA	AVE.	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	SIMPSON, LISA	DUTH, CRI 1008	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	DV () KELLER, DENN 7445 AIRPORT HOLLAND, OH	WHY	Title: Name: Address: City-St-Zip:	KELLER, DE 842 W. SOU	(X) Change () Addition NNIS F JD TH BOUNDARY RG, OH 43551		
Title: Name: Address: City-St-Zip:	DST () BELL, ROBIN H 1018 EGRET C WESTERVILLE	Т.	Title: Name: Address: City-St-Zip:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENNIS F. KELLER DV 04/30/2004