

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006810

FILED
Mar 27, 2009
Secretary of State

Entity Name: BLESS THE CHILDREN, INC.

Current Principal Place of Business:

1610 RACHEL CT
CLEARWATER, FL 33756

New Principal Place of Business:

519 CLEVELAND ST.
SUITE 209
CLEARWATER, FL 33755

Current Mailing Address:

411 CLEVELAND ST. #195
CLEARWATER, FL 33755

New Mailing Address:

411 CLEVELAND ST.
195
CLEARWATER, FL 33755

FEI Number: 51-3263375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUBBARD, KAREN S
1610 RACHEL CT.
CLEARWATER, FL 33756 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: CP () Delete
Name: HUBBARD, KAREN S
Address: 1610 RACHEL CT.
City-St-Zip: CLEARWATER, FL 33756

Title: VCST () Delete
Name: SMITH, REBECCA S
Address: 300 NORTH PRESCOTT AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: VP () Delete
Name: SETTLES, MYRTLE C
Address: 5138 YELLOW MOUNTAIN RD., #71
City-St-Zip: RONANOK, VA 24014

Title: VP () Delete
Name: HUBBARD, AYLA
Address: 1610 RACHEL CT.
City-St-Zip: CLEARWATER, FL 33756

Title: VP () Delete
Name: CHEATUM, DEBBIE
Address: 1346 BYRON
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP (X) Change () Addition
Name: CHEATUM, DEBBIE
Address: 12105 LEXINGTON PARK DR. #202
City-St-Zip: TAMPA, FL 33626

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: KAREN S. HUBBARD

CP

03/27/2009

Electronic Signature of Signing Officer or Director

Date