

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G32149

FILED  
Jul 20, 2009  
Secretary of State

Entity Name: ALLEN CHILDREN CENTERS, INC.

## Current Principal Place of Business:

1804 ST. JOHNS BLUFF ROAD  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

2201 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204

## New Mailing Address:

FEI Number: 59-2286897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALLEN, BARBARA L  
2201 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VT ( ) Delete  
Name: ALLEN, BARBARA L  
Address: 1804 ST. JOHNS BLUFF ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VS ( ) Delete  
Name: OGBURN, WILLIAM R  
Address: 1804 ST. JOHNS BLUFF ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: P ( ) Delete  
Name: OGBURN, NANCY M  
Address: 1804 ST. JOHNS BLUFF ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: ALLEN, BARBARA L  
Address: 2201 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: VS (X) Change ( ) Addition  
Name: SANCHEZ, KAREM V  
Address: 1804 ST. JOHNS BLUFF ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: V (X) Change ( ) Addition  
Name: OGBURN, WILLIAM R  
Address: 2215 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA L. ALLEN

P

07/20/2009

Electronic Signature of Signing Officer or Director

Date