

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G32149

**FILED**  
**Jan 19, 2010**  
**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 ( )**

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PT  
**Name:** ALLEN, BARBARA L  
**Address:** 2201 RIVERSIDE AVE.  
**City-St-Zip:** JACKSONVILLE, FL 32204

**Title:** VS  
**Name:** SANCHEZ, KAREM V  
**Address:** 1804 ST. JOHNS BLUFF ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32216

**Title:** V  
**Name:** OGBURN, WILLIAM R  
**Address:** 2215 RIVERSIDE AVE.  
**City-St-Zip:** JACKSONVILLE, FL 32204

I hereby 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 all other like empowered.

**SIGNATURE:** BARBARA L. ALLEN

PT

01/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date