


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # N00000001438			
1. Entity Name THE CHILDREN'S CHURCH HOSPITAL, INC.			
Principal Place of Business 6654 HIAWASSEE MDWS. DR. ORLANDO FL 32818-1775		Mailing Address 6654 HIAWASSEE MDWS. DR. ORLANDO FL 32818-1775	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GLOVER, DOROTHY L 6654 HIAWASSEE MDWS. DR. ORLANDO FL 32818-1775		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and filer (if applicable) (NOTE: Registered Agent signature and word "notary" required)</small> DATE _____			



1st MOORE CR2E037 (10/07)

4. FEI Number 31-1768828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FDT GLOVER, DOROTHY L 6654 HIAWASSEE MDWS. DR. ORLANDO FL 32818-1775 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000901957 04/29/08-80090-005 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUMMINGS, BEATRICE 4719 MIRANDA CIRCLE ORLANDO FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLOVER, JOE C SR. 6654 HIAWASSEE MDWS. DR. ORLANDO FL 32818-1775 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLOVER, JOHNNIE M 1135 MARTIN LUTHER KING DR. ORLANDO FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM OFFER, LORRAINE R 643 WILLOWWOOD AVE ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM OFFER, RALPH L 643 WILLOWWOOD AVE ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dorothy L. Glover* **4/14/08** **407-290-1780**