

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000005304

1. Entity Name
INVEST IN CHILDREN FOUNDATION, INC.



Principal Place of Business
**10 WINCOVE LANE
ROCKLEDGE, FL 32955**

Mailing Address
**10 WINCOVE LANE
ROCKLEDGE, FL 32955**



04112006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1032372

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DINER, SANDRA S
10 WINCOVE LANE
ROCKLEDGE, FL 32955**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000540857
05/10/06-80035-003 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DINER, SANDRA S
STREET ADDRESS	10 WINCOVE LANE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	ROBERTS, TERRY
STREET ADDRESS	9103 SAN AMBROSIO DRIVE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	D
NAME	DERRICK, JULIA
STREET ADDRESS	516 CLIFTON DRIVE
CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE	D
NAME	LEWIS, LAURA
STREET ADDRESS	4 MAPLE STREET, APT. 2R
CITY-ST-ZIP	MAYNARD, MA 01754
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, 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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/06 561-239014