

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008132

FILED
Jul 12, 2004
Secretary of State**Entity Name:** TOGETHER FOR CHILDREN, INC.**Current Principal Place of Business:**8305 SE 58TH AVE.
OCALA, FL 34480**New Principal Place of Business:****Current Mailing Address:**8305 SE 58TH AVE.
OCALA, FL 34480**New Mailing Address:****FEI Number:** 59-3565606**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ERSKIN, CHERI L
8305 SE 58TH AVE.
OCALA, FL 34480**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: PD () Delete
Name: ERSKIN, CHERI L
Address: 8305 SE 58TH AVE.
City-St-Zip: OCALA, FL 34480

Title: SD () Delete
Name: ERSKIN, GREGORY L
Address: 8305 SE 58TH AVE.
City-St-Zip: OCALA, FL 34480

Title: TD () Delete
Name: ERSKIN, JESSE
Address: 8305 SE 58TH AVE.
City-St-Zip: OCALA, FL 34480

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHERI L. ERSKIN

PRES

07/12/2004

Electronic Signature of Signing Officer or Director

Date