

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90211 035 \*\*\*\*61.25

14005816



<b>DOCUMENT # N00000008520</b>					
<b>1. Entity Name</b> FLORIDA CHILDREN'S TRUST, INC.					
<b>Principal Place of Business</b> 3487 BROADWAY FORT MYERS, FL 33901			<b>Mailing Address</b> 3487 BROADWAY FORT MYERS, FL 33901		
<b>2. Principal Place of Business</b> 9981 S. Healthpark Dr. Suite, Apt. #, etc. 456		<b>3. Mailing Address</b> 9981 S. Healthpark Dr. Suite, Apt. #, etc. 456		01072004    Chg-NP    CR2E037 (10/03)	
<b>City &amp; State</b> Ft. Myers, FL.		<b>City &amp; State</b> Ft. Myers, FL.		<b>4. FEI Number</b> 65-1064139	
<b>Zip</b> LEE		<b>Zip</b> 33908		<b>Country</b> LCC	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> ELLIS, MIKE <del>3487 BROADWAY</del> FORT MYERS, FL 33901			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 9981 S. Healthpark Dr. Ste 456 City Ft. Myers FL Zip Code 33908		
<b>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.</b> SIGNATURE <u>Mike Ellis</u> <u>mikeellis</u> <u>1/15/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PSTD ELLIS, MIKE <del>3487 BROADWAY</del> FORT MYERS, FL 33901	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	9981 S. Healthpark Dr. Ste 456 Ft. Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, LOIS <del>3487 BROADWAY</del> FORT MYERS, FL 33901	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	9981 S. Healthpark Dr. Ste 456 Ft. Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D HAMRIC, LALAI <del>3487 BROADWAY</del> FORT MYERS, FL 33901	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	9981 S. Healthpark Dr. Ste 456 Ft. Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D ARNALL, ROBERT <del>3487 BROADWAY</del> FORT MYERS, FL 33901	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	9981 S. Healthpark Dr. Ste 456 Ft. Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, STEVE <del>3487 BROADWAY</del> FORT MYERS, FL 33901	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	9981 S. Healthpark Dr. Ste 456 Ft. Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D HUSSEY, KEITH 3487 BROADWAY FORT MYERS, FL 33901	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	9981 S. Healthpark Dr. Ste 456 Ft. Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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 life empowered.</b>					
SIGNATURE: <u>Mike Ellis</u> <u>mikeellis</u> <u>1/15/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					