


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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DOCUMENT # N00000008520			
1. Entity Name FLORIDA CHILDREN'S TRUST, INC.			
Principal Place of Business 3487 BROADWAY FORT MYERS, FL 33901		Mailing Address 3487 BROADWAY FORT MYERS, FL 33901	
2. Principal Place of Business 9981 S. Healthpark Dr.		3. Mailing Address 9981 S. Healthpark Dr.	
Suite, Apt. #, etc. 456		Suite, Apt. #, etc. 456	
City & State Ft. Myers, FL.		City & State Ft. Myers, FL.	
Zip LCC		Country LCC	
4. FEI Number 65-1064139		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLIS, MIKE 3487 BROADWAY FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9981 S. Healthpark Dr. Ste 456 City Ft. Myers FL Zip Code 33908	
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 <u>Mike Ellis</u> mikeellis DATE <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)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ELLIS, MIKE 3487 BROADWAY FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, LOIS 3487 BROADWAY FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMRIC, LALAI 3487 BROADWAY FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNALL, ROBERT 3487 BROADWAY FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, STEVE 3487 BROADWAY FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSEY, KEITH 3487 BROADWAY FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE 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
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 title empowered.			
SIGNATURE: <u>Mike Ellis</u> mikeellis		DATE: <u>1/15/04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	