

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000008520

FILED
Nov 22, 2005
Secretary of State

Entity Name: FLORIDA CHILDREN'S TRUST, INC.

Current Principal Place of Business:

9981 S. HEALTHPARK DR.
456
FORT MYERS, FL 33908

New Principal Place of Business:

2256 HEITMAN STREET
FORT MYERS, FL 33901 US

Current Mailing Address:

9981 S. HEALTHPARK DR.
456
FORT MYERS, FL 33908

New Mailing Address:

P.O. BOX 1357
FORT MYERS, FL 33902 US

FEI Number: 65-1064139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIS, MIKE
9981 S. HEALTHPARK DR. STE 456
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

ELLIS, MIKE
2256 HEITMAN STREET
FORT MYERS, FL 33901 US

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: MIKE ELLIS

11/22/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ELLIS, MIKE
Address: 9981 S. HEALTHPARK DR. STE 456
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: BARRETT, LOIS
Address: 9981 S. HEALTHPARK DR. STE 456
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: HAMRIC, LALAI
Address: 9981 S. HEALTHPARK DR. STE 456
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: ARNALL, ROBERT
Address: 9981 S. HEALTHPARK DR. STE 456
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: BROWN, STEVE
Address: 9981 S. HEALTHPARK DR. STE 456
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: HUSSEY, KEITH
Address: 9981 S. HEALTHPARK DR. STE 456
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ELLIS, MIKE
Address: P.O. BOX 1357, 2256 HEITMAN STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D (X) Change () Addition
Name: BARRETT, LOIS
Address: P.O. BOX 1357, 2256 HEITMAN STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D (X) Change () Addition
Name: HAMRIC, LALAI
Address: P.O. BOX 1357, 2256 HEITMAN STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D (X) Change () Addition
Name: ARNALL, ROBERT
Address: P.O. BOX 1357, 2256 HEITMAN STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D (X) Change () Addition
Name: BROWN, STEVE
Address: P.O. BOX 1357, 2256 HEITMAN STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D (X) Change () Addition
Name: HUSSEY, KEITH
Address: P.O. BOX 1357, 2256 HEITMAN STREET
City-St-Zip: FORT MYERS, FL 33901

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: MIKE ELLIS

PSTD

11/22/2005

Electronic Signature of Signing Officer or Director

Date