2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002737

1. Entity Name
FOCUSING ON CHILDREN, INC.

Principal Place of Business	Mailing Address
6470 BOTTLEBRUSH LANE NAPLES, FL 34109	6470 BOTTLEBRUSH LANE NAPLES, FL 34109

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04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3720138

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RILEY, ROBERT
6470 BOTTLEBRUSH LANE
NAPLES, FL 34109

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000355447
05/03/05-80148-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RILEY, ROBERT
STREET ADDRESS	6470 BOTTLEBRUSH LANE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D
NAME	BYINGTON, RONALD
STREET ADDRESS	6151 12TH AVE. SW
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	D
NAME	DOMOND, HARRIS
STREET ADDRESS	4471 17TH AVE S.W.
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	D
NAME	WALLACE, DEBBIE
STREET ADDRESS	6210 10TH AVE S.W.
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: Robert G. Riley 4-27-05 239-253-16600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #