

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000002903**

1. Entity Name

OUR CHILDREN'S HUMANITY ALLIANCE, INC.

FILED

02 OCT 11 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0139346



DO NOT WRITE IN THIS SPACE

Principal Place of Business 416 FLAMINGO DR DESTIN FL 32541		Mailing Address 416 FLAMINGO DR DESTIN FL 32541	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BRANNON, CURTIS W.
51-B BEAL PARKWAY
FT WALTON BEACH FL 32548
7. Name and Address of New Registered Agent

Name Charles E. Highers

Street Address (P.O. Box Number is Not Acceptable)
416 Flamingo Dr

Destin FL

City Destin State FL Zip Code 32541

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 [Signature] 8-24-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
After September 13, 2002,
min. will be \$236.25.

 9. Election Campaign Financing
 Trust Fund Contribution. ☐
\$5.00 May Be
Added to Fees
Make Check Payable to
Department of State
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGHERS, CHARLES E 416 FLAMINGO DR DESTIN FL 32541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIGHERS, SHIRLEY H 416 FLAMINGO DR DESTIN FL 32541 <input checked="" type="checkbox"/> Delete <i>Still Active</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRANNON, CURTIS W 51-B BEAL PARKWAY FT WALTON BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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: [Signature] 8-24-02 850-654-7008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #