


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90027 034 ****61.25

DOCUMENT # N0100006462

1. Entity Name
THE TWELVE FOR CHILDREN AND FAMILIES OF FLORIDA, INC.



Principal Place of Business
**1881 NE 26 STREET
 SUITE 240
 WILTON MANORS, FL 33305**

Mailing Address
**1881 NE 26 STREET
 SUITE 240
 WILTON MANORS, FL 33305**

40059967



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc. - - -
 City & State - - -
 Zip - - - Country - - -

3. Mailing Address
 Suite, Apt. #, etc. - - -
 City & State - - -
 Zip - - - Country - - -

04012008 Chg-NP CR2E037 (12/06)

4. FEI Number
34-1970957

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHWEIKHARDT, WILLIAM
 900 6TH AVE S
 203
 NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2008**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NENTWICK, JOHN 833 9TH STREET NW CANTON, OH 44709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBER, MICHAEL S 6370 MT PLEASANT STREET NW N CANTON, OH 44720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGNOLA, DEAN 4800 MUNSON STREET NW CANTON, OH 44718	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDETTA, CHARLES 21808 MASTERS CIRCLE ESTERO, FL 33928	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, RON 7580 TWIN EAGLE LANE FT MYERS, FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCUM, DIANA 1201 CLAYTON AVE LEE HIGH ACRES, FL 33936	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Young, Kathy 2800 ESTERO Blvd. FT. MYERS, FL. 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *John R. Nentwick* **John R. Nentwick** **4-1-08** **330-837-3555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #