

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N01000006462

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

Current Principal Place of Business:

1881 NE 26 STREET
SUITE 240
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

1881 NE 26 STREET
SUITE 240
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 34-1970957 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NENTWICK, JOHN
Address: 833 9TH STREET NW
City-St-Zip: CANTON, OH 44709

Title: D () Delete
Name: GRUBER, MICHAEL S
Address: 6370 MT PLEASANT STREET NW
City-St-Zip: N CANTON, OH 44720

Title: D () Delete
Name: BAGNOLA, DEAN
Address: 4800 MUNSON STREET NW
City-St-Zip: CANTON, OH 44718

Title: D () Delete
Name: BENDETTA, CHARLES
Address: 21808 MASTERS CIRCLE
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: CAMPBELL, RON
Address: 7580 TWIN EAGLE LANE
City-St-Zip: FT MYERS, FL 33912

Title: D () Delete
Name: MARCUM, DIANA
Address: 1201 CLAYTON AVE
City-St-Zip: LEE HIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN NENTWICK

D

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date