

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006462

FILED  
Apr 02, 2009  
Secretary of State

**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