


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90055 037 ****61.25

DOCUMENT # N01000007421					
1. Entity Name CHILDREN'S CAMPAIGN, INC.					
Principal Place of Business 487-1 EAST TENNESSEE STREET TALLAHASSEE, FL 32301			Mailing Address PO BOX 1718 TALLAHASSEE, FL 32302-1718		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 31-1811747	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROY, MILLER 487-1 EAST TENNESSEE STREET TALLAHASSEE, FL 32301				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 <u>N/A</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, DEBBIE		NAME	Mason, Debbie	
STREET ADDRESS	5080 SW 88TH TERRACE		STREET ADDRESS	528 NE 13th Avenue	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	Fort Lauderdale FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBER, VICTORIA L		NAME	Inman-Johnson, Dot	
STREET ADDRESS	123 SOUTH CALHOUN STREET		STREET ADDRESS	309 Office Plaza Drive	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee FL 32301	
TITLE	D/C	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMONS, SCOTT		NAME	Pennington, Rockie	
STREET ADDRESS	405 OAK AVENUE		STREET ADDRESS	235 E. Virginia Street	
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP	Tallahassee FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, CLAY		NAME	Rodriguez, Edwin A.	
STREET ADDRESS	3033 ASBURY PLACE		STREET ADDRESS	2500 Merchants Row Blvd, Suite 173	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	Tallahassee FL 32302	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Sutherland, Linda	
STREET ADDRESS			STREET ADDRESS	600 Courtland Street	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando FL 32804	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ALEXIONOK, LINDA	
STREET ADDRESS			STREET ADDRESS	1010 Lothian Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Tallahassee FL 32312	
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: <u>Linda Alexionok, Linda Alexionok</u> <u>4/16/08</u> <u>850-425-2600</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					