

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000001532

1. Entity Name  
A CHILD'S JOURNEY, INC.



Principal Place of Business

PAMELA ROBERTS  
2618 ALCAZAR DRIVE  
MIRAMAR, FL 33023

Mailing Address

2618 ALCAZAR DRIVE  
MIRAMAR, FL 33023



**DO NOT WRITE IN THIS SPACE**

03172007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
04-3613921

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

ROBERTS, PAMELA  
2618 ALCAZAR DRIVE  
MIRAMAR, FL 33023

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

DATE: 04/04/07-80057-007 70.00

**10. OFFICERS AND DIRECTORS**

TITLE: S  
NAME: GRIMSLEY, HORTENSE  
STREET ADDRESS: 19431 NW 39 CT  
CITY - ST - ZIP: MIAMI, FL 33055

TITLE: DT  
NAME: DAVIS, TANGIE  
STREET ADDRESS: 14420 N W 21ST COURT  
CITY - ST - ZIP: OPA LOCKA, FL 33054

TITLE: ES  
NAME: STUBBS, MARGUID  
STREET ADDRESS: 2618 ALCAZAR DRIVE  
CITY - ST - ZIP: MIRAMAR, FL 33023

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

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IN THIS SPACE**

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:

*Hortense P. Grimsley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/07