


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90009 035 \*\*\*\*61.25

<b>DOCUMENT # N02000001532</b> 1. Entity Name <b>A CHILD'S JOURNEY, INC.</b>					
Principal Place of Business <b>PAMELA ROBERTS</b> <b>2618 ALCAZAR DRIVE</b> <b>MIRAMAR, FL 33023</b>			Mailing Address <b>2618 ALCAZAR DRIVE</b> <b>MIRAMAR, FL 33023</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>04-3613921</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ROBERTS, PAMELA</b> <b>2618 ALCAZAR DRIVE</b> <b>MIRAMAR, FL 33023</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GRIMSLEY, HORTENSE</b> <b>19431 NW 39 CT</b> <b>MIAMI, FL 33055</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Chairperson</b> <b>Pamela Roberts</b> <b>2618 Alcazar dr</b> <b>Miramar, FL 33023</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>DAVIS, TANGIE</b> <b>14420 N W 21ST COURT</b> <b>OPA LOCKA, FL 33054</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Chairperson</b> <b>Margaid Stubbs</b> <b>2618 Alcazar dr</b> <b>Miramar, FL 33023</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ES</b> <b>STUBBS, MARGUID</b> <b>2618 ALCAZAR DRIVE</b> <b>MIRAMAR, FL 33023</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasure</b> <b>Wislun Joseph</b> <b>780 Fisherman St. #250</b> <b>OPA- Locka, FL 33054</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>P President Chairperson</b></del> <del><b>Pamela F Roberts</b></del> <del><b>780 Fisherman St. #250</b></del> <del><b>OPA- Locka, FL 33054</b></del> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>Wislun Joseph</b></del> <del><b>780 Fisherman St. #250</b></del> <del><b>OPA- Locka, FL 33054</b></del> <input type="checkbox"/> Delete		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"/> Delete		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.					
<b>SIGNATURE: Pamela Roberts</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-4-08 954-894-6219</b> <small>Date Daytime Phone #</small>		