


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001753	
1. Entity Name ACTION FOR CHILDREN, INC.	

Principal Place of Business 1051 PORT MALABAR BLVD., STE. #6 PALM BAY, FL 32905	Mailing Address 1051 PORT MALABAR BLVD., STE. #6 PALM BAY, FL 32905
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08212006 No Chg-NP CR2E037 (4/06)

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4. FEI Number 04-3621428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**REINMAN, JAMES L ESQ
1825 RIVERVIEW DR.
MELBOURNE, FL 32901**

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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)
Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000575560 08/29/06-80007-003 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEISS, GARY M 1051 PORT MALABAR BLVD 6 PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOLETTEIRE, ROBERT 10 SUNTREE PLACE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STANLEY, LISA 211 RIOS COURT PALM BAY, FL 32909
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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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:  **GARY M WEISS** 8-28-06 321-727-9063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #