
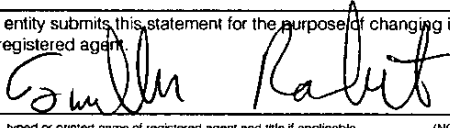
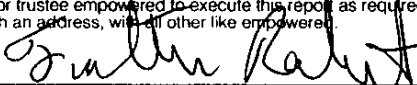


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N03000004422</b> 1. Entity Name <b>CHILDREN'S BURN CAMP OF NORTH FLORIDA, INCORPORATED</b>						<b>FILED</b> <b>07 MAR -7 PM 1:27</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>109 PUTNAM DR TALLAHASSEE, FL 32301</b>				Mailing Address <b>PO BOX 368 TALLAHASSEE, FL 32302</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>ROBERTS, FULTON 109 PUTNAM DR TALLAHASSEE, FL 32301</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>3-7-2007</b>  <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>							
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROBERTS, FULTON		NAME	<b>200092305312</b> <b>03/13/07--01006--019 **70.00</b>			
STREET ADDRESS	109 PUTNAM DR		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ANZALONE, TROY		NAME				
STREET ADDRESS	201 SHADY OAK DRIVE		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BARNETT, MICHELLE		NAME				
STREET ADDRESS	1950 NORTH POINT BLVD #516		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP				
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	POWELL, STEPHANIE		NAME	<b>ST Powell, Stephanie</b> <b>7854 Tally Ann Drive</b> <b>Tallahassee FL 32310</b>			
STREET ADDRESS	7854 TALLY ANN DRIVE		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			NAME	<b>Director</b> <b>Cooksey, Sarah</b> <b>5292 Buck Lake Rd</b> <b>Tallahassee FL 32317</b>			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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:</b> 				<b>3-7-2007</b>		<b>850-509-6200</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	