# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jun 16, 2008**
**Secretary of State**

DOCUMENT# N03000004610

**Entity Name:** CHILDREN IN CRISIS, INC.

**Current Principal Place of Business:**

100 SUNSET LANE
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 613
SHALIMAR, FL 32579

**New Mailing Address:**

**FEI Number: 65-1196220** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DARNELL, SHARILYN
1 LONGWOOD DR
SHALIMAR, FL 32579 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D/PP | ( ) Delete |
| Name: | DARNELL, SHARILYN | |
| Address: | 1 LONGWOOD DR | |
| City-St-Zip: | SHALIMAR, FL 32579 | |
| Title: | D/T | ( ) Delete |
| Name: | SAXER, ROBERT | |
| Address: | 26 SHARILYN DRIVE | |
| City-St-Zip: | SHALIMAR, FL 32579 | |
| Title: | D/P | ( ) Delete |
| Name: | GAY, FRANKLIN M | |
| Address: | 24 BAYOU DR | |
| City-St-Zip: | FT WALTON BEACH, FL 32547 | |
| Title: | D/S | ( ) Delete |
| Name: | JOHNSON, KITTY | |
| Address: | 279 BEACHVIEW DRIVE | |
| City-St-Zip: | FORT WALTON BEACH, FL 32548 | |
| Title: | D/VP | ( ) Delete |
| Name: | AMUNDS, DON | |
| Address: | 167 SHORELINE DRIVE | |
| City-St-Zip: | MARY ESTHER, FL 32569 | |
| Title: | D | (X) Delete |
| Name: | MICHAS, CATHERINE R PHD | |
| Address: | 235 CARMEL DR | |
| City-St-Zip: | FT. WALTON BCH, FL 32547 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARILYN DARNELL R.A. 06/16/2008

Electronic Signature of Signing Officer or Director — Date