2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
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:

1000 LUKE'S WAY
FORT WALTON BEACH, FL 32547

Current Mailing Address:

P. O. BOX 613
SHALIMAR, FL 32579

New Mailing Address:

P.O. BOX 613
SHALIMAR, FL 32579 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D/T (X) Change ( ) Addition
Name: ARONSON, KATHLEEN
Address: 354 MARIE CR
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D/P (X) Change ( ) Addition
Name: GAY, FRANKLIN M
Address: 240 BROOKS ST UNIT D201
City-St-Zip: FT WALTON BEACH, FL 32548

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: KEN E HAIR DIR 03/24/2009
Electronic Signature of Signing Officer or Director — Date