

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009459

FILED
Apr 16, 2009
Secretary of State

Entity Name: TAP IT CHILD CHECK INC.

Current Principal Place of Business:

623 EASTBROOK BLVD
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 214
GOLDENROD, FL 32733 US

New Mailing Address:

FEI Number: 20-0361170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, JACK J
623 EASTBROOK BLVD
WINTER PARK, FL 32792 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: P () Delete
Name: KING, JACK J
Address: 623 EASTBROOK BLVD
City-St-Zip: WINTER PARK, FL 32792 US

Title: VP () Delete
Name: MEDINA, LOURDES M
Address: 2960 COTTAGEVILLE STREET
City-St-Zip: DELTONA, FL 32738 US

Title: TREA () Delete
Name: COLLINS, NANCY R
Address: 623 EASTBROOK BLVD
City-St-Zip: WINTER PARK, FL 32792 US

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:

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: JACK KING

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date