

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010666

FILED  
Feb 10, 2011  
Secretary of State

**Entity Name:** THE CHILDREN'S HOME COMMUNITY, INC.

**Current Principal Place of Business:**

10909 MEMORIAL HIGHWAY  
TAMPA, FL 336152599

**New Principal Place of Business:**

10909 MEMORIAL HIGHWAY  
TAMPA, FL 33615 US

**Current Mailing Address:**

P O BOX 262229  
TAMPA, FL 33685

**New Mailing Address:**

**FEI Number:** 20-0037972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORDON, BRUCE H  
101 E. KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602 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: CHR  
Name: SCHMITZ, KARL MR  
Address: 1123 OVERCASH DRIVE  
City-St-Zip: DUNEDIN, FL 34698

Title: SEC  
Name: ADAMS, CHERYL MRS  
Address: 4942 ST CROIX DRIVE  
City-St-Zip: TAMPA, FL 33629

Title: TRE  
Name: NEWMAN, ALISON MRS  
Address: 14306-D NORTH DALE MABRY  
City-St-Zip: TAMPA, FL 33618

Title: CFO  
Name: LATORTUE, REYNALD MR  
Address: 10909 MEMORIAL HIGHWAY  
City-St-Zip: TAMPA, FL 33615

Title: CEO  
Name: HART, JAMES MR  
Address: 10909 MEMORIAL HIGHWAY  
City-St-Zip: TAMPA, FL 33615

I hereby 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 all other like empowered.

SIGNATURE: REYNALD LATORTUE

CFO

02/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date