


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000011024
 1. Entity Name
CHRIST CHILD SOCIETY OF SARASOTA, INC.



Principal Place of Business Mailing Address
P.O. BOX 52462 **P.O. BOX 52462**
SARASOTA, FL 34232-0320 **SARASOTA, FL 34232-0320**

DO NOT WRITE IN THIS SPACE



04112008 No Chg-NP CR2E037 (4/06)

4. FEI Number **33-1082634** Applied For / Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BOKACH, ELAINE
7135 BEECHMONT TERRACE
LAKEWOOD RANCH, FL 34202

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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.

SIGNATURE Elaine Bokach DATE 4/11/2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000896747
 04/25/08-80019-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOKACH, ELAINE 7135 BEECHMONT TERRACE LAKEWOOD RANCH, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMERON, CONNIE 612 SPANISH DR N LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GIBBONS, KAY 615 DREAM ISLAND ROAD LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RABOLD, SHERRY 4166 CORTE LA VISTA SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOKACH, ELAINE 7135 BEECHMONT TERRACE LAKEWOOD RANCH, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIBBONS, KAY 615 DREAM ISLAND ROAD LONGBOAT KEY, FL 34228

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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.

SIGNATURE: Elaine Bokach Date 4/11/08 Daytime Phone # (941) 907-0107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elaine Bokach - President / Treasurer