2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N05000003972

Entity Name: CHANGE A KID'S LIFE, INC.

Current Principal Place of Business:

576 W. MINNEOLA AVENUE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

576 W. MINNEOLA AVENUE
CLERMONT, FL 34711

New Mailing Address:

1707 DOVER ST.
MURFREESBORO, TN 37130

FEI Number: 51-0543491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EBERLINE, JOSEPH D
576 W. MINNEOLA AVENUE
CLERMONT, FL 34711 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: PD ( ) Delete
Name: EBERLINE, JOSEPH D
Address: 576 W. MINNEOLA AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: VPTD ( ) Delete
Name: EBERLINE, LESLIE B
Address: 576 W. MINNEOLA AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: SD ( ) Delete
Name: MIMS, WILLIAM L JR
Address: 3327 MONIKA CIRCLE
City-St-Zip: ORLANDO, FL 32812

Title: T ( ) Delete
Name: EBERLINE, LESLIE B
Address: 576 W. MINNEOLA AVENUE
City-St-Zip: CLERMONT, FL 34771

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:

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: JOSEPH D EBERLINE PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date