

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006230

FILED
Jul 14, 2006
Secretary of State

Entity Name: UNCLE BOB'S CHILDREN'S HOME, INC.

Current Principal Place of Business:

6105 HILLTOP AVE
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

1219 LOUISIANA AVE.
LYNN HAVEN, FL 32444 US

Current Mailing Address:

6105 HILLTOP AVE
PANAMA CITY BEACH, FL 32408

New Mailing Address:

1219 LOUISIANA AVE.
LYNN HAVEN, FL 32444 US

FEI Number: 20-4385776 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FLOYD, MAKESHA
6105 HILLTOP AVE
PANAMA CITY BEACH, FL 32408 US

Name and Address of New Registered Agent:

FLOYD, MAKESHA D MS.
1219 LOUISIANA AVE.
LYNN HAVEN, FL 32444 US

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: MAKESHA D FLOYD

07/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: FLOYD, MAKESHA D MS.
Address: 1219 LOUISIANA AVE.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D () Change (X) Addition
Name: FLOYD, MAKESHA D MS.
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Address: 1219 LOUISIANA AVE.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D () Change (X) Addition
Name: FLOYD, MAKESHA D MS.
Address: 1219 LOUISIANA AVE.
City-St-Zip: LYNN HAVEN, FL 32444 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MAKESHA D FLOYD

D

07/14/2006

Electronic Signature of Signing Officer or Director

Date