

# 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: FLOYD, MAKESHA D MS.  
Address: 1219 LOUISIANA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: ( ) Delete

Name: FLOYD, MAKESHA D MS.  
Address: 1219 LOUISIANA AVE.  
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Title: ( ) Delete

Name: FLOYD, MAKESHA D MS.  
Address: 1219 LOUISIANA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444 US

## 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.  
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

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 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