

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012116

FILED
Apr 15, 2009
Secretary of State

Entity Name: THIS CHILD HERE, INC.

Current Principal Place of Business:

245 SEAVIEW AVENUE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

245 SEAVIEW AVENUE
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: 20-4006019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH, FL 321152491 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: DP () Delete
Name: GAMBLE, ROBERT D.
Address: 245 SEAVIEW AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: DVP () Delete
Name: SCHOEDINGER, LEE-ANN
Address: 7800 POINT MEADOWS DR., STE. 1012
City-St-Zip: JACKSONVILLE, FL 32256

Title: DS () Delete
Name: GARD, NANCY
Address: 245 SEAVIEW AVE.
City-St-Zip: DAYTONA BEACH, FL 32118

Title: DT () Delete
Name: COLEMAN, SUSAN
Address: 735 N. HALIFAX AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118

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: NANCY GARD

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04/15/2009

Electronic Signature of Signing Officer or Director

Date