

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000994

FILED  
Aug 14, 2007  
Secretary of State

Entity Name: A CHILD'S HORIZON, INC.

## Current Principal Place of Business:

1600 GOVERNOR'S DR  
#915  
PENSACOLA, FL 32514

## New Principal Place of Business:

## Current Mailing Address:

1600 GOVERNOR'S DR  
#915  
PENSACOLA, FL 32514

## New Mailing Address:

P.O. BOX 20072  
PENSACOLA, FL 32524

FEI Number: 74-3161030      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

## Name and Address of New Registered Agent:

MURRAY, AUDRA  
1600 GOVERNOR'S DR  
#915  
PENSACOLA, FL 32514 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STOKKE, STEVE  
Address: 54 BRADFORD AVE  
City-St-Zip: MOBILE, AL 36604

Title: D ( ) Delete  
Name: MURRAY, AUDRA  
Address: 1600 GOVERNOR'S DR #915  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: SOTO, DOMINGO  
Address: 465 DAUPHIN ST  
City-St-Zip: MOBILE, AL 36602

## 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:

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: AUDRA MURRAY

D

08/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date