

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90121 038 \*\*\*\*61.25

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # N06000002709</b><br>1. Entity Name<br><b>EVERY CHILD COUNTS, INC.</b>  |  |  |   |  |  |
| Principal Place of Business<br><b>3353 HIGEL AVE.<br/>SARASOTA, FL 34242</b>   |  |  | Mailing Address<br><b>3353 HIGEL AVE.<br/>SARASOTA, FL 34242</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |   |  |  |
| City & State   |  | City & State   |   |  |  |
| Zip  | Country  | Zip  | Country   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HARRISON, TERESA H<br/>3353 HIGEL AVE.<br/>SARASOTA, FL 34242</b>  |  |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |  |   | 4. FEI Number <b>20-454635</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |  |   | 01292007 Chg-NP CR2E037 (12/06)  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |  | 10. OFFICERS AND DIRECTORS   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P/D<br>HARRISON, HANNAH R<br>3353 HIGEL AVE.<br>SARASOTA, FL 34242 <input type="checkbox"/> Delete   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP/D<br>HARRISON, LEE D<br>3353 HIGEL AVE.<br>SARASOTA, FL 34242 <input type="checkbox"/> Delete     |  | Change <input type="checkbox"/> Addition <input type="checkbox"/> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S/D<br>HARRISON, TERESA H<br>3353 HIGEL AVE.<br>SARASOTA, FL 34242 <input type="checkbox"/> Delete   |  | Change <input type="checkbox"/> Addition <input type="checkbox"/> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T/D<br>HARRISON, SAMANTHA M<br>3353 HIGEL AVE.<br>SARASOTA, FL 34242 <input type="checkbox"/> Delete |  | Change <input type="checkbox"/> Addition <input type="checkbox"/> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | Change <input type="checkbox"/> Addition <input type="checkbox"/> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | Change <input type="checkbox"/> Addition <input type="checkbox"/> |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |   |  |  |
| SIGNATURE: _____ <b>TERESA H. HARRISON</b> <span style="float: right;">1/29/07 941.349-0771</span>   |  |  |   |  |  |

66003859

