

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007373

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** MEETING THE NEEDS OF CHILDREN INC

**Current Principal Place of Business:**

31741 GUDE RD  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

31741 GUDE RD  
DADE CITY, FL 33525

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REYNOLDS, KELLY K  
31741 GUDE RD  
DADE CITY, FL 33525 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: P  
Name: REYNOLDS, KELLY K  
Address: 31741 GUDE RD  
City-St-Zip: DADE CITY, FL 33525

Title: VP  
Name: PORTER, CONNIE S  
Address: 18618 MOORHAVEN DR  
City-St-Zip: SPRINGHILL, FL 34601

I hereby 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 all other like empowered.

**SIGNATURE:** KELLY REYNOLDS

PRES

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date