

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009161

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: THE CHILDREN'S RESTORATION CENTER, INC.

**Current Principal Place of Business:**

2932 SAINT AUGUSTINE DRIVE  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

2932 SAINT AUGUSTINE DRIVE  
ORLANDO, FL 32825

**New Mailing Address:**

FEI Number: 20-5596423      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

STAMPER, BONITA S  
2932 SAINT AUGUSTINE DRIVE  
ORLANDO, FL 32825      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: STAMPER, BONITA S  
Address: 2932 SAINT AUGUSTINE DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title: DV      ( ) Delete  
Name: STAMPER, WILLIAM F  
Address: 2932 SAINT AUGUSTINE DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title: D      ( ) Delete  
Name: EVANS, MARK  
Address: 4449 ARDEN VIEW CT  
City-St-Zip: ARDEN HILLS, MN 55112

Title: T      ( ) Delete  
Name: ROLLINS, EUNICE L  
Address: 109 SUNRISE HILL LANE  
City-St-Zip: AUBURNDALE, FL 33823

Title: S      ( ) Delete  
Name: FULLER, ERICA M  
Address: 1503 ROSE LANE  
City-St-Zip: EUSTIS, FL 32726

**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:

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: BONITA S. STAMPER

DP

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date