

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009161

FILED
Jan 21, 2011
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 ()

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

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

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

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

Title: S
Name: FULLER, ERICA M
Address: 3325 SOUTH KIRKMAN # 417 ROSE LANE
City-St-Zip: ORLANDO, FL 32811

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: BONITA STAMPER

DP

01/21/2011

Electronic Signature of Signing Officer or Director

Date