


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90067 005 \*\*\*\*61.25

<b>DOCUMENT # N06000009656</b> 1. Entity Name <b>SECURING OUR CHILDREN'S RIGHTS, INC.</b>					
Principal Place of Business <b>11705 BOYETTE RD SUITE 238 RIVERVIEW, FL 33569</b>			Mailing Address <b>11705 BOYETTE RD SUITE 238 RIVERVIEW, FL 33569</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>76-0838022</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BATES, MARIA 11705 BOYETTE RD SUITE 238 RIVERVIEW, FL 33569</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 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>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>Director</b>		
STREET ADDRESS		STREET ADDRESS	<b>Maria Bates</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>11705 Boyette Rd. Suite 238</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>Riverview, FL 33569</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>Claudine Director</b>		
STREET ADDRESS		STREET ADDRESS	<b>Claudine F. Suor</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>11705 Boyette Rd. Suite 238</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>Riverview, FL 33569</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>Director</b>		
STREET ADDRESS		STREET ADDRESS	<b>Catherine F. James</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>11705 Boyette Road Suite 238</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>Riverview, FL 33569</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
<b>SIGNATURE: Catherine F. James</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/29/2007</b> <small>Date</small>		<b>727-424-5717</b> <small>Daytime Phone #</small>	