2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N06000009656

Entity Name: SECURING OUR CHILDREN'S RIGHTS, INC.

Current Principal Place of Business:

11705 BOYETTE RD
SUITE 238
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

11705 BOYETTE RD
SUITE 238
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 76-0838022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATES, MARIA
11705 BOYETTE RD
SUITE 238
RIVERVIEW, FL 33569 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:	D	( ) Delete
Name:	BATES, MARIA	
Address:	11705 BOYETTE RD SUITE 238	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	D	(X) Delete
Name:	SUOR, CLAUDINE F	
Address:	11705 BOYETTE RD., SUITE 238	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	D	( ) Delete
Name:	JAMES, CATHERINE F	
Address:	11705 BOYETTE ROAD SUITE 238	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	D	( ) Delete
Name:	METHENY, FRANCES J	
Address:	11705 BOYETTE ROAD SUITE 238	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	D	(X) Delete
Name:	SCHWARTZ, ELIZABETH F	
Address:	11705 BOYETTE ROAD SUITE 238	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	D	( ) Delete
Name:	GALLACHER, MICHAEL	
Address:	11705 BOYETTE ROAD SUITE 238	
City-St-Zip:	RIVERVIEW, FL 33569	

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:	
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: CATHERINE F. JAMES D 01/12/2009

Electronic Signature of Signing Officer or Director — Date