## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000011405

**FILED** May 01, 2012 Secretary of State

Entity Name: CHILDREN'S HEALTH EDUCATION FOUNDATION, INC.

**New Principal Place of Business: Current Principal Place of Business:** 

261 BELLEAIR DR

SAINT PETERSBURG, FL 33704

**Current Mailing Address: New Mailing Address:** 

261 BELLEAIR DR

SAINT PETERSBURG, FL 33704

FEI Number: 20-8079873 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

O'CONNOR, PATRICK 1250 S BELCHER RD SUITE 160 LARGO, FL 33771

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:

Date

Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:** 

MATIRNE, SCOTT Name: Address: 261 BELLEAIR DR NE City-St-Zip: ST. PETERSBURG, FL 33704

Title: DIR

Name: CHRIS, YOUMANS

Address: 146 2ND STREET NORTH SUITE 200 City-St-Zip: ST. PETERSBURG, FL 33701

Title: DIR

FATHER ANTHONY, COPPOLA Name: Address: 7809 46TH WAY NORTH City-St-Zip: PINELLAS PARK, FL 33781

Title: DIR

Name: DAVE, MOORE

Address: 4763 CENTRAL AVENUE City-St-Zip: ST. PETERSBURG, FL 33713

Title: DIR

TIM, BARBER Name: 4950 59TH AVE S Address:

SAINT PETERSBURG, FL 33715 City-St-Zip:

Title:

JOHN, FORNEY Name:

Address: 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716 City-St-Zip:

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: SCOTT MATIRNE DIR 05/01/2012