

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011662

FILED  
Sep 18, 2009  
Secretary of State

**Entity Name:** AUNTIE ROZ CHILDREN'S WORKSHOP, INC.

**Current Principal Place of Business:**

4432 ROTH DR.  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

4432 ROTH DR.  
JACKSONVILLE, FL 32209 US

**Current Mailing Address:**

4432 ROTH DR.  
JACKSONVILLE, FL 32209

**New Mailing Address:**

4432 ROTH DR.  
JACKSONVILLE, FL 32209 US

**FEI Number:** 20-5739994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BACHNER, HAROLD  
8834 GOODBY'S EXECUTIVE DR.  
JACKSONVILLE, FL 32217 US

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

BELL, DEBORAH L  
1604 WEST 34TH STREET  
JACKSONVILLE, FL 32209 US

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: DEBORAH BELL

09/18/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BACHNER, HAROLD  
Address: 4432 ROTH DR.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D (X) Delete  
Name: URSIN, DANTE  
Address: 4432 ROTH DR.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D (X) Delete  
Name: WILLIAMS, MARILYN  
Address: 4432 ROTH DR.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D (X) Delete  
Name: JONES, IRIS  
Address: 4432 ROTH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D (X) Delete  
Name: PRICE, KEVIN  
Address: 4432 ROTH DR.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D (X) Delete  
Name: SPENCER, ELAINE  
Address: 4432 ROTH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BURROUGH, ROSLYN R  
Address: 4432 ROTH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32209 US

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: ROSLYN BURROUGH

D

09/18/2009

Electronic Signature of Signing Officer or Director

Date