2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# N07000003356

Entity Name: THERAPY 4 KIDS AND FAMILIES, INC.

Current Principal Place of Business:

434 MEANDER DR N
ALTAMONTE, FL 32714

New Principal Place of Business:

434 N MEANDER DR
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

434 MEANDER DR N
ALTAMONTE, FL 32714

New Mailing Address:

434 N MEANDER DR
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-8519392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENRY, JULIE
434 MEANDER DR N
ALTAMONTE, FL 32714 US

Name and Address of New Registered Agent:

HENRY, JULIE
434 N MEANDER DR
ALTAMONTE SPRINGS, FL 32714 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: JULIE HENRY 01/04/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS ( ) Change (X) Addition
Name: HENRY, JULIE DS
Address: 434 N MEANDER DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MRS ( ) Change (X) Addition
Name: KELLEY-LEWIS, SABRENIA DP
Address: 434 N MEANDER DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MRS ( ) Change (X) Addition
Name: COLON, CAREY T
Address: 434 N MEANDER DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: JULIE HENRY MRS 01/04/2008
Electronic Signature of Signing Officer or Director Date