## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Mar 24, 2008 8:00 am Secretary of State DOCUMENT # N07000011229 03-24-2008 90224 001 \*\*\*\*61.25 03-24-2008 90224 002 \*\*\*\*\*8.75 COME UP MY CHILDREN INC Principal Place of Business Mailing Address 66004844 1130 BAY CT. 1130 BAY CT. DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1130 BAY CT 130 BAY Court Suite, Apt. #, etc 03072008 Chg-NP CR2E037 (12/06) Destin Applied For City & State 4. FEI Number 35-2313538 la Not Applicable USA \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TURNER M sapid HICKMAN, JAMES A Street Address (P.O. Box Number is Not Acceptable) 220 GOVERNMENT ST STE 1 1130 BAY COURT NICEVILLE, FL 32578 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TURNER DIGNE M 1130 BAY CT Destin Fla 32541 TITLE ☐ Delete TITLE Change ☐ Addition TURNER, DIANE M NAME NAME STREET ADDRESS 1130 BAY COURT STREET ADDRESS DESTIN, FL 32541 CITY-ST-7/P CITY+ST-7IP D.V.P. JASMINE Selph 33 Utah Place TITLE Delete TITLE ☐ Change Addition HICKMAN, JAMES A NAME NAME STREET ADDRESS 220 GOVERNMENT ST STE 1 STREET ADDRESS F.W. Beach Fla 32548 CITY - ST - ZIP NICEVILLE, FL 32578 CITY-ST-ZIP D. S TITLE Delete TITLE Change **Addition** Gina Vick MARTIN, TERESA K NAME 37 Mary Esther DR. 14 1ST SW UNIT 28 STREET ADDRESS STREET ADDRESS 32569 FORT WALTON BEACH, FL 32548 CITY - ST - ZIP CITY-ST-ZIP DI Jamaica Williams Junior A DRY HILL LUCEA P.O. ☐ Delete ☐ Change TITLE TITLE ✓ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAYOVER JA. W.I TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

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