## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000000881

FILED Apr 27, 2009 Secretary of State

Entity Name: CHILD ALERT CENTER CHARITIES, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 4600 TOUCHTON ROAD STE 1150 12620-3 BEACH BLVD. JACKSONVILLE, FL 32246 #302 JACKSONVILLE, FL 32246 **Current Mailing Address: New Mailing Address:** 4600 TOUCHTON ROAD STE 1150 12620-3 BEACH BLVD. JACKSONVILLE, FL 32246 #302 JACKSONVILLE, FL 32246 FEI Number: 20-8070224 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: ARNOLD, MARK ARNOLD, MARK 4600 TOÚCHTON ROAD STE 1150 12620-3 BEACH BLVD. JACKSONVILLE, FL 32246 #302 JACKSONVILLE, FL 32246 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: 04/27/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition ARNOLD, MARK ARNOLD, MARK Name: Name: 12270 JEBB ISLAND CIRCLE SOUTH Address: 12620-3 BEACH BLVD. #302 Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224 Title: () Delete Title: ( ) Change (X) Addition Name: Name: AMY, FRANK Address: Address: 12620-3 BEACH BLVD. #302 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32246 Title: () Delete Title: ( ) Change (X) Addition Name: CHAD, BUNNELL Name: 12620-3 BEACH BLVD. #302 Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32246

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: MARK ARNOLD CEO 04/27/2009