

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003419

FILED  
Aug 28, 2009  
Secretary of State

**Entity Name:** EYES OVER THE CHILDREN, INC.

**Current Principal Place of Business:**

331 MERIDIAN STREET  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

331 MERIDIAN STREET  
DAVENPORT, FL 33837

**New Mailing Address:**

FEI Number: 26-2178093      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

SANCHEZ, HAZEL W  
331 MERIDIAN STREET  
DAVENPORT, FL 33837      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SANCHEZ, HAZEL W  
Address: 331 MERIDIAN STREET  
City-St-Zip: DAVENPORT, FL 33837

Title: SD      ( ) Delete  
Name: RICE, NELLIE  
Address: 137 MILLS STREET  
City-St-Zip: GROVELAND, FL 34736

Title: D      ( ) Delete  
Name: LEAVITT, APRIL  
Address: 722 FLORIDA PALMS CT  
City-St-Zip: KISSIMMEE, FL 34741

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD      (X) Change ( ) Addition  
Name: BRIANNE, BOHLEY  
Address: 331 MERIDIAN ST  
City-St-Zip: DAVENPORT, FL 33837

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: BRIANNE A BOHLEY

SD

08/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date