

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008070

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** THE CHILDREN LIFE PROJECT CORPORATION

**Current Principal Place of Business:**

717 S COCOA BLVD  
COCOA, FL 32922

**New Principal Place of Business:**

650 CAMP RD  
COCOA, FL 32927

**Current Mailing Address:**

717 S COCOA BLVD  
COCOA, FL 32922

**New Mailing Address:**

PO BOX 236483  
COCOA, FL 32923

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

RYMER, DENNIS (DENNY)  
650 CAMP RD.  
COCOA, FL 32927 US

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

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: PCEO  
Name: RYMER, DENNIS (DENNY)  
Address: 650 CAMP RD  
City-St-Zip: COCOA, FL 32927

Title: VP  
Name: PHELPS, RICK  
Address: 1446 HAGEN  
City-St-Zip: ROCKLEDGE, FL 32955

Title: AS  
Name: ARZEGA, PHILIP  
Address: 6C HERMINIA ST, PALMERA HOMES-V N FAIRVIE  
City-St-Zip: QUEZONCITY, PHILIPPINE, PH1117, PH 9500 PH

Title: T  
Name: MANNING, SARAH  
Address: 6929 COLUMBINE DR  
City-St-Zip: COCOA, FL 32927

Title: S  
Name: CHU, LYNDIE  
Address: CABEL COMPOUND, CABEL ST. LAGAO  
City-St-Zip: GENERAL SANTOS CITY, PH 9500 PH

I hereby 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 all other like empowered.

SIGNATURE: DENNIS RYMER

PCEO

04/19/2011

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

\_\_\_\_\_  
Date