

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90018 005 ****70.00

DOCUMENT # N11412 1. Entity Name THE LEAGUE TO AID ABUSED CHILDREN AND ADULTS, INC.					
Principal Place of Business 950 39TH AVENUE N. ST. PETERSBURG, FL 33703			Mailing Address POST OFFICE BOX 76354 ST. PETERSBURG, FL 33734 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2793837	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCQUEEN, MARGARET 950 39TH AVENUE N. ST. PETERSBURG, FL 33703			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCQUEEN, MARGARET 950 39TH AVENUE N. ST. PETERSBURG, FL 33703 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEARSON, NORA 1917 TANGLEWOOD DRIVE N.E. SAINT PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEARSON, NORA 1917 TANGLEWOOD DRIVE N.E. SAINT PETERSBURG, FL 33702 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP O'SULLIVAN, SHIRLEY 701 MIRROR LAKE DRIVE N. #118 ST. PETERSBURG, FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP POYNTER, SALLY 100 BEACH DRIVE N.E. ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP POYNTER, SALLY 100 BEACH DRIVE N.E. ST. PETERSBURG, FL 33701 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FEARNLEY, SUSAN 11875 5TH STREET E. TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FEARNLEY, SUSAN 11875 5TH STREET E. TREASURE ISLAND, FL 33706 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATR WINNING, ANDREA 10490 GANDY BLVD. N. ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATR WINNING, ANDREA 10490 GANDY BLVD. N. ST. PETERSBURG, FL 33702 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHEELER, MARY 1048 N. SHORE DRIVE ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHEELER, MARY 1048 N. SHORE DRIVE ST. PETERSBURG, FL 33701 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Susan Fearnley</u> Susan Fearnley, Treasurer 1/30/2008 (717) 360-3499 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					