2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# N16713

Entity Name: VOICES FOR CHILDREN OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:

P.O. BOX 2694
TAMPA, FL 33601

New Principal Place of Business:

4326 W. EL PRADO BLVD.
SUITE 7
TAMPA, FL 33629 US

Current Mailing Address:

P.O. BOX 2694
TAMPA, FL 33601

New Mailing Address:

P.O. BOX 2694
TAMPA, FL 33601 US

FEI Number: 59-2737702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LISA SEMEYN
4623 EL PRADO BLVD
7
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

SEMEYN, LISA ED
4326 EL PRADO BLVD
7
TAMPA, FL 33629 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: LISA SEMEYN 02/15/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: STINSON, TERESA
Address: 1904 SOUTH CARDENAS AVE
City-St-Zip: TAMPA, FL 33629

Title: IMP ( ) Delete
Name: FARRELL, SCOTT
Address: 101 E. KENNEDY BLVD. STE. 2700
City-St-Zip: TAMPA, FL 33602

Title: SD ( ) Delete
Name: RAVER, ALLISON
Address: 920 WEST CORAL ST
City-St-Zip: TAMPA, FL 33612

Title: TD ( ) Delete
Name: GONNERING, JIM
Address: 6023 W FERN ST
City-St-Zip: TAMPA, FL 33634

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change ( ) Addition
Name: GONNERING, JIM
Address: 10799 99TH PLACE NORTH
City-St-Zip: SEMINOLE, FL 33772

Title: VP ( ) Change (X) Addition
Name: REED, DAVID
Address: 712 S. OREGON AVE., # 200
City-St-Zip: TAMPA, FL 33606 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA SEMEYN ED 02/15/2007
Electronic Signature of Signing Officer or Director Date