


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90050 043 ****61.25

DOCUMENT # N22432 1. Entity Name SPEAK UP FOR CHILDREN IN THE TENTH JUDICIAL CIRCUIT, INC.					
Principal Place of Business C/O KERRY M. WILSON 141 5TH STREET N.W., SUITE 300 WINTER HAVEN, FL 33881			Mailing Address C/O KERRY M. WILSON 141 5TH STREET N.W., SUITE 300 WINTER HAVEN, FL 33881		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0014075	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, KERRY M. 141 5TH STREET N.W. SUITE 300 WINTER HAVEN, FL 33881			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2006		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	D STRANG, SHERYLL 1050 W LAKE OTIS DR WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beverly Langley Stephens 318 Belvedere St. Lakeland, FL 33803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KENNEDY, J. KELLY 198 FIRST STREET SOUTH WINTER HAVEN, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hazel Sellers 1990 De La Palma Bartow, FL 33830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILSON, KERRY M. 141 5TH ST N W STE 300 WINTER HAVEN, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gabrielle O'Toole 1760 Old Eagle Lake Rd. Bartow, FL 33830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Debbi Mancini 5019 Lake In The Woods Lakeland, FL 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Denise Crenshaw 3303 Turnberry Lane Lakeland, FL 33803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Laura Newlin 500 S. Fla. Ave., Suite 800 Lakeland, FL 33801 <input type="checkbox"/> Change <input checked="" 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: Kerry M. Wilson, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/07/06 <small>Date</small>		863/294-3360 <small>Daytime Phone #</small>

ATTACHMENT

60019832

#N22432

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME

D

x Addition

STREET ADDRESS
CITY-ST-ZIP

Kay Rynear
3465 Harbor Beach Drive
Lake Wales, FL 33859