

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22436

FILED
Jan 11, 2007
Secretary of State

Entity Name: A CHILD'S PLACE, INC.

Current Principal Place of Business:

142 FAIRVIEW AVENUE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

142 FAIRVIEW AVENUE
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-2804063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, CHARLES T
2111 S RIDGEWOOD AVE
SOUTH DAYTONA, FL 32119 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: P () Delete
Name: WELCH, DIANE
Address: 81 DIANNE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: S () Delete
Name: PAGE, JIMMY
Address: 50 N. ST. ANDREWS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: T () Delete
Name: MECKLEM, CHARLES
Address: P.O. BOX 731073
City-St-Zip: ORMOND BEACH, FL 32173 US

Title: D () Delete
Name: RAND, HEIDI L
Address: 1309 WANDERING OAKS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

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: D (X) Change () Addition
Name: MEDICO, PATRICIA A
Address: 1394 SOUTH WEMBLEY CIRCLE
City-St-Zip: PORT ORANGE, FL 32128 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: PATRICIA A. MEDICO

D

01/11/2007

Electronic Signature of Signing Officer or Director

Date