
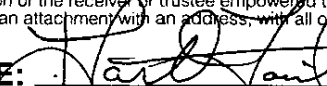


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90029 040 ****61.25

DOCUMENT # N25099 1. Entity Name CHILDRENS HOME COMMUNITY CENTER, INC.					
Principal Place of Business 5018 HWY 2 LAUREL HILL FL 32567			Mailing Address 6638 LING RD. LAUREL HILL FL 32567 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6638 LONG RD. Suite, Apt. #, etc.			
City & State Zip Country		City & State LAUREL HILL, FL. Zip Country 32567 WACON		4. FEI Number Applied For 59-2967288 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent FAIST, DAVID O 6638 LONG RD LAUREL HILL FL 32567			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) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	PD LAWRENCE, GRAY 4442 CO. ROAD 147 LAUREL HILL FL 32567	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, RANDALL 3656 Co. Hwy 147 Laurel Hill, FL 32567	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRISON, RANDALL 3656 CO. HWY 147 LAUREL HILL FL 32567	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YD WILLIS, WANDA 9068 Hwy 85 Laurel Hill, FL 32567	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAIST, DAVID O 6638 LONG RD LAUREL HILL FL 32567	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAIST, DAVID 6638 LONG RD. Laurel Hill, FL 32567	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PITTS, HAZEL 4439 CO. HWY 2 LAUREL HILL FL 32567	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN, WANDA 1906 HUCKABA RD. Laurel Hill, FL 32567	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNLEY, MAE H 5136 CO. HWY 2 LAUREL HILL FL 32567	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN CLEVE, MELISSA 6835 LONG RD. Laurel Hill, FL 32567	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, ED 5891 LONG RD LAUREL HILL FL 32567	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			DAVID O. FAIST 04/12/2004 850-834-2854		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		