


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90211 022 ****61.25

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|---|---|--|--|--|---|
| DOCUMENT # N25099 1. Entity Name CHILDRENS HOME COMMUNITY CENTER, INC. | | | |  | |
| Principal Place of Business 5018 HWY 2 LAUREL HILL FL 32567 | | | Mailing Address P.O. BOX 188 LAUREL HILL FL 32567 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2967288 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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 WANDA WILLIS Street Address (P.O. Box Number is Not Acceptable) 9008 HWY 85, N. LAUREL HILL, FL 32567 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 <u><i>Wanda Willis</i></u> - WANDA WILLIS, PRES. 4/18/05 <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, 2005 | | 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 | VD WILLIS, WANDA 9008 HWY 85 LAUREL HILL FL 32567 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Willis, WANDA, PRES. P.O. Box 188 - 9008 HWY 85 LAUREL Hill, FL 32567 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HARRISON, RANDALL 3656 CO. HWY 147 LAUREL HILL FL 32567 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP, SECY VAN CLEVE, MELLISA 6835 LONG ROAD LAUREL Hill, FL 32567 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FAIST, DAVID O 6638 LONG RD LAUREL HILL FL 32567 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES. CARNLEY, MAE 5136 County Hwy 2 LAUREL Hill, FL 32567 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ALLEN, WANDA 1906 HOCKASA RD LAUREL HILL FL 32567 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR. BIRKA, TOM 6968 County Hwy 147 LAUREL Hill, FL 32567 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VAN CLEVE, MELLISA 6835 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 |
| 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: <u><i>Wanda Willis</i></u> <u><i>Wanda Willis</i></u> 4/18/05 850-652-3233 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |