

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39591

FILED  
Jan 31, 2012  
Secretary of State

**Entity Name:** VARIETY - THE CHILDREN'S CHARITY OF FLORIDA, INC.

**Current Principal Place of Business:**

520 NORTH SEMORAN BOULEVARD  
SUITE 220  
ORLANDO, FL 32807 US

**New Principal Place of Business:**

**Current Mailing Address:**

520 NORTH SEMORAN BOULEVARD  
SUITE 220  
ORLANDO, FL 32807 US

**New Mailing Address:**

**FEI Number:** 59-3030272      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRAVES, ALLAN C  
1616 WYCLIFF DRIVE  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

DRAVES, ALLAN C  
401 W. COLONIAL DRIVE  
4  
ORLANDO, FL 32804 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: ALLAN C. DRAVES

01/31/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: YEMM, BRYN  
Address: 520 NORTH SEMORAN BOULEVARD, SUITE 220  
City-St-Zip: ORLANDO, FL 32807 US

Title: VPD  
Name: ACOSTA, ROLAND  
Address: 520 NORTH SEMORAN BOULEVARD, SUITE 220  
City-St-Zip: ORLANDO, FL 32807

Title: VPD  
Name: SMITH, ART W JR  
Address: 520 NORTH SEMORAN BOULEVARD, SUITE 220  
City-St-Zip: ORLANDO, FL 32807 US

Title: TD  
Name: SCOTT, KENNETH  
Address: 520 NORTH SEMORAN BOULEVARD, SUITE 220  
City-St-Zip: ORLANDO, FL 32807 US

Title: SD  
Name: JENSEN, KAREN L  
Address: 520 NORTH SEMORAN BOULEVARD, SUITE 220  
City-St-Zip: ORLANDO, FL 32807 US

Title: D  
Name: DRAVES, ALLAN  
Address: 401 W. COLONIAL DRIVE, SUITE 4  
City-St-Zip: ORLANDO, FL 32804 US

I hereby 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 all other like empowered.

SIGNATURE: ALLAN C. DRAVES

D

01/31/2012

Electronic Signature of Signing Officer or Director

Date