

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N43460

1. Entity Name
VOICE FOR FLORIDA KEYS CHILDREN, INCORPORATED



Principal Place of Business 97652 OVERSEAS HWY APT T12 KEY LARGO, FL 33037 US	Mailing Address 97652 OVERSEAS HWY APT T12 KEY LARGO, FL 33037 US
---	---

DO NOT WRITE IN THIS SPACE



01132006 No Chg-NP CR2E037 (11/05)

4. FEJ Number 65-0305892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHILDREE, CHRISTINE
 97652 OVERSEAS HWY
 APT T12
 KEY LARGO, FL 33037**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	CHILDREE, CHRISTINE
STREET ADDRESS	97652 OVERSEAS HWY, APT T12
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	PSD
NAME	LANG, CLAIRE
STREET ADDRESS	BOX 1176
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	VD
NAME	MORET, SUE
STREET ADDRESS	PO BOX 1757
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	SD
NAME	SAYLOR, ANDY
STREET ADDRESS	79901 OVERSEAS HWY
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000396805
 01/30/06-80022-023 61.25

DO NOT WRITE IN THIS SPACE

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: *Christine Childree* **CHRISTINE CHILDREE** **1-19-06** **305-853-9315**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #