

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43460

FILED
Mar 14, 2009
Secretary of State

Entity Name: VOICE FOR FLORIDA KEYS CHILDREN, INCORPORATED

Current Principal Place of Business:

97652 OVERSEAS HWY
APT T12
KEY LARGO, FL 33037 US

New Principal Place of Business:

Current Mailing Address:

97652 OVERSEAS HWY
APT T12
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 65-0305892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHILDREE, CHRISTINE
97652 OVERSEAS HWY
APT T12
KEY LARGO, FL 33037 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: TD () Delete
Name: CHILDREE, CHRISTINE
Address: 97652 OVERSEAS HWY, APT T12
City-St-Zip: KEY LARGO, FL 33037

Title: PD () Delete
Name: SCHULBERG, ELAINE
Address: 79901 OVERSEAS HWY 216
City-St-Zip: ISLAMORADA, FL 33036

Title: PD () Delete
Name: MITCHELL, PHYLLIS
Address: 82242 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: VD () Delete
Name: SAYLOR, ANDI
Address: 79901 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: SD () Delete
Name: SINGER, MARY L
Address: 76311 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: VD () Delete
Name: RUSSELL, PAULINE
Address: 240 TREASURE HARBOR DR
City-St-Zip: ISLAMORADA, FL 33036

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: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTINE C CHILDREE

TD

03/14/2009

Electronic Signature of Signing Officer or Director

_____ Date