2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State
02-20-2000 90045 047 ****61.25

DOCUMENT # N44595

1. Entity Name

VOICES FOR CHILDREN OF NORTH CENTRAL FLORIDA, IN

Principal Place of Business	Mailing Address
MARION COUNTY JUDICIAL COMPEX 110 N.W. FIRST AVENUE OCALA FL 34475	MARION COUNTY JUDICIAL COMPEX 110 N.W. FIRST AVENUE OCALA FL 34475-6601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 91-1854844 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERRY, DAMIAN MARION COUNTY JUDICIAL COMPEX 110 N.W. FIRST AVENUE OCALA FL 34475	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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSIN, EVELYN 13024 SE 47TH CIR BELLEVIEW FL 34420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Rosin, Evelyn 13024 SE 47th Cir Belleview, FL 34420	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHOELLER, JEANNE 310 SW 39TH PL OCALA FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Barnes, Denise Harrell 6745 SE 108th St. Belleview, FL 34420	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PERRY, DAMIAN 7 TEAK PLACE OCALA FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Krueger, George 9582 SW 195th Cir. Dunnellon, FL 34432	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, BOBBI 22 JAMAICA STREET HOMOSASSA FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, JANICE M 1091 SE 59TH STREET OCALA FL 34480	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: ⊗ SIGNATURE REQUIRED ⊗ 2/15/00 ⊗ (352) 368-0619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #