2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State
03-31-2005 90047 037 ****70.00

DOCUMENT # N44595

1. Entity Name
VOICES FOR CHILDREN OF NORTH CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
GUARDIAN ADLITEM PROGRAM 18 NE 1ST AVE OCALA, FL 34740	18 N. E. 1ST AVENUE OCALA, FL 34740

03212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o Guardian Ad Litem Program	c/o Guardian ad Litem Prog.
Suite, Apt. #, etc.: POB 7800	Suite, Apt. #, etc.: POB 7800
City & State: Tavares FL	City & State: Tavares, FL
Zip: 32778-7800 Country: USA	Zip: 32778-7800 Country: USA

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

PERRY, DAMIAN
5420 SE 32ND PLACE
OCALA, FL 34771

7. Name and Address of New Registered Agent

Name: Lalenya J Robertson
Street Address (P.O. Box Number is Not Acceptable): 36638 NASHUA Blvd
City: SORRENTO FL Zip Code: 32776

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: Lalenya Robertson, Chair DATE: 3/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	CH ROBERTSON, LALENYA J 36638 NASHUA BLVD. SORRENTO, FL 32776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC CASADO, HECTOR 3718 NE 8TH PLACE OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR SCOTT, SUZI 1401 SW 60TH STREET RD. OCALA, FL 34474	☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

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: Lalenya J Robertson, Chair 3/21/05 352-357-7072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #