2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N44595

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

FILED
05 JUN 17 PM 12:5[illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O GUARDIAN ADLITEM PROGRAM PO BOX 7800 TAVARES, FL 32778-7800 US	C/O GUARDIAN ADLITEM PROGRAM PO BOX 7800 TAVARES, FL 32778-7800 US

05112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
40 GAL PROGRAM	PO BOX 1416
Suite, Apt. #, etc. 18 NE First Ave	Suite, Apt. #, etc. Anthony
City & State Ocala, FL	City & State FL
Zip 34470 Country MARION	Zip 32617 Country MARION

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
ROBERTSON, LARENZA J 36638 NASHUA BLVD SORRENTO, FL 32776	Name DAMIAN Perry Street Address (P.O. Box Number is Not Acceptable) 5420 SE 32nd Place City Ocala FL Zip Code 34471

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 _____ 6/10/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	CH Doris Parkway 1440 Old Hwy 316 Citra, FL 32113	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC CASADO, HECTOR 3718 NE 8TH PLACE OCALA, FL 34470	☒ Delete	VC Evelyn Rosin 13024 SE 47th Ct Belleview, FL 34420	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Sec Helen Pearce 1950 NW 42 Terrace Ocala, FL 34482	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TR Harold Parkway 1440 Hwy 316 Citra, FL 32113	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Carol Volini Esq. 44 SE First Ave Suite 303 Ocala FL 34471	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Katherine Feker 724 SE 12th St Ocala, FL 34470	☐ 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: Evelyn Rosin EVELYN ROSIN, VC 6-9-05

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