

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44595

FILED
Jul 17, 2008
Secretary of State

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

Current Principal Place of Business:

C/O GUARDIAN ADLITEM PROGRAM
18 NE FIRST AVE
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4062
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 91-1854844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PERRY, DAMIRO
5420 SE 32ND PLACE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

PERRY, DAMION
5420 SE 32ND PLACE
OCALA, FL 34471 US

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: SHAARON L. ZELTAKALNS

07/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CH () Delete
Name: PARAWAY, DORIS
Address: 1440 N HIGHWAY 316
City-St-Zip: CITRA, FL 32113

Title: VC () Delete
Name: ROSIN, EVELYN
Address: 13024 SE 47TH CT
City-St-Zip: BELLEVIEW, FL 34420

Title: S () Delete
Name: PEEK, HELEN
Address: 1950 NW 47 TERRACE
City-St-Zip: OCALA, FL 34482

Title: TR () Delete
Name: ZELTAKALNS, SHAARON L
Address: 23132 SW NAUTILUS BLVD.
City-St-Zip: DUNNELLON, FL 34431

Title: D () Delete
Name: VOLINI, CAROL ESQ
Address: 44 SE FIRST AVE, STE. 303
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: HETMAN, VIRGINIA
Address: 35105 RIVERSIDE COURT
City-St-Zip: LEESBURG, FL 34788

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
Name:
Address:
City-St-Zip:

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

Title: D (X) Change () Addition
Name: HARRIS, MARTIN
Address: 6548 SE 159TH CT
City-St-Zip: OCKLAWAHA, FL 32179

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: SHAARON L. ZELTAKALNS

TR

07/17/2008

Electronic Signature of Signing Officer or Director

Date