

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 14, 2009  
Secretary of State

DOCUMENT# N44595

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:**

C/O GUARDIAN ADLITEM PROGRAM  
223 SW BROADWAY STREET  
OCALA, FL 34474 US

**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, DAMION  
5420 SE 32ND PLACE  
OCALA, FL 34471 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: 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: HARRIS, MARTIN  
Address: 6548 SE 159TH CT  
City-St-Zip: OCKLAWAHA, FL 32179

**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: ( ) 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: SHAARON L. ZELTAKALNS

TR

05/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date