

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44595

FILED
Feb 14, 2011
Secretary of State

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

Current Principal Place of Business:

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

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
Name: PARAWAY, DORIS
Address: 1440 N HIGHWAY 316
City-St-Zip: CITRA, FL 32113

Title: VC
Name: PEEK, HELEN
Address: 1950 W 47TH TERRACE
City-St-Zip: OCALA, FL 34482

Title: S
Name: STROUSE, KAREN
Address: 5378 LAMPPST
City-St-Zip: BEVERLY HILLS, FL 34465

Title: TR
Name: CARPENTER, SUSAN J
Address: 21675 SW 102 STREET
City-St-Zip: DUNNELLON, FL 34431

Title: D
Name: VIANO, CAROL
Address: 390 NE 57TH STREET
City-St-Zip: OCALA, FL 34479

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

I hereby 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 all other like empowered.

SIGNATURE: SUSAN J CARPENTER

TR

02/14/2011

Electronic Signature of Signing Officer or Director

Date