

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90019 047 ****70.00

DOCUMENT # N93000001547 1. Entity Name NEEDY SCHOOL CHILDREN'S FUND, INC.					
Principal Place of Business 318 N CLARK ST PERRY, FL 32347 US				Mailing Address 318 N CLARK ST PERRY, FL 32347 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3216773	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PARKER, GREGORY S 315 WEST GREEN STREET PERRY, FL 32347				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE				DATE	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITFIELD, DIANE		NAME		
STREET ADDRESS	318-A N CLARK ST		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP		
TITLE	MTC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROOKS, RHONDA		NAME		
STREET ADDRESS	318 N CLARK STREET		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHRAMM, BERINDA		NAME		
STREET ADDRESS	800 W. ASH ST.		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HALL, SARAH		NAME	Randy Hall Herndon 318 N. Clark St. PERRY, FL 32347	
STREET ADDRESS	400 N CLARK STREET		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Rhonda W. Brooks Rhonda W. Brooks</u> 4/6/05 838-2520					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					