

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

**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**



04032007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3216773**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PARKER, GREGORY S  
315 WEST GREEN STREET  
PERRY, FL 32347**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

U000000701673  
04/20/07-80066-004-70-00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	WHITFIELD, DIANE
STREET ADDRESS	318-A N CLARK ST
CITY-ST-ZIP	PERRY, FL 32347
TITLE	MTC
NAME	BROOKS, RHONDA
STREET ADDRESS	318 N CLARK STREET
CITY-ST-ZIP	PERRY, FL 32347
TITLE	D
NAME	SCHRAMM, BERINDA
STREET ADDRESS	800 W. ASH ST.
CITY-ST-ZIP	PERRY, FL
TITLE	D
NAME	HERNDON, RANDY
STREET ADDRESS	318 N. CLARK ST.
CITY-ST-ZIP	PERRY, FL 32347
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Rhonda W. Brooks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/9/07 (750) 838-2520*  
Date Daytime Phone #