


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90190 034 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD		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		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		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		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNDON, RANDY		NAME		
STREET ADDRESS	318 N. CLARK ST.		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Betsy Stephens		NAME		
STREET ADDRESS	318 N. Clark St.		STREET ADDRESS		
CITY-ST-ZIP	Perry, FL 32347		CITY-ST-ZIP		
TITLE			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 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: <i>Rhonda W. Brooks</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/14/08 (850) 838-2520 <small>Date Office Phone #</small>		