

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000492

**FILED**  
**Jul 07, 2004**  
**Secretary of State****Entity Name:** OUR SMALL CHILDREN AT RISK FOUNDATION, INC.**Current Principal Place of Business:**24534 SR 44  
SUITE 3  
SORRENTO, FL 32776 US**New Principal Place of Business:****Current Mailing Address:**24534 SR 44  
SUITE 3  
SORRENTO, FL 32776 US**New Mailing Address:****FEI Number:** 59-3211081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BARRETT, ALICIA  
23017 HWY 44 E  
EUSTIS, FL 32726 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:** D ( ) Delete  
**Name:** LAVENDER, CATHY  
**Address:** 1201 ALFRED ST  
**City-St-Zip:** TAVARES, FL 32778**Title:** C ( ) Delete  
**Name:** BARRETT, ALICIA  
**Address:** 23017 SR 44  
**City-St-Zip:** EUSTIS, FL 32736**Title:** CP ( ) Delete  
**Name:** BARRETT, ALICIA  
**Address:** 23017 SR 44  
**City-St-Zip:** EUSTIS, FL 32736**Title:** DS ( ) Delete  
**Name:** COOK, MICHELE  
**Address:** 6368 COUNTY RD. 154 B  
**City-St-Zip:** WILDWOOD, FL 34785**Title:** D ( ) Delete  
**Name:** SINDLER, ROBERT  
**Address:** 31415 ST ANDREWS DRIVE  
**City-St-Zip:** SORRENTO, FL 32776**Title:** D ( ) Delete  
**Name:** MAYO, MICHELLE  
**Address:** 805 SOUTH MAIN STREET  
**City-St-Zip:** WILDWOOD, FL 34785**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:** DS (X) Change ( ) Addition  
**Name:** MAYO, MICHELE  
**Address:** 6368 COUNTY RD. 154 B  
**City-St-Zip:** WILDWOOD, FL 34785**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 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 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: ALICIA BARRETT

C/P

07/07/2004

Electronic Signature of Signing Officer or Director

Date