· 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

EPDVNFUDI$ N94000000492

2/ Entity Name
OUR SMALL CHILDREN AT RISK FOUNDATION, INC.

Principal Place of Business	Mailing Address
35645ITSI55 TVLIFI4 TPSSFOLP!GM43887!!!!!!VT	35645ITSI55 TVLIFI4 TPSSFOLP!GM43887!!!!!!VT

EP OPU X SJJF JO UI JT TQBDF

03172006 OpIDi h.OQ DS3F148)22016"

5/ FEI Number
59-3211081

Applied For
Not Applicable

6/ Certificate of Status Desired ☐ %9/86 Beejupobm Gf fSf rvjsf e

7/ Obn f IboelBeesf t t lpgDvsf odSf hjt uf sf elBhf ou

BARRETT, ALICIA
23017 HWY 44 E
EUSTIS, FL 32726

EP OPU X SJJF! JO UI JT TQBDF

9/ 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 ____________ 3-17-06

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, 2006

:/ Election Campaign Financing Trust Fund Contribution. ☐ %6/11 NbzlCf I Beef elpIGf ft

U00000476006
04/05/06-80038-024 70.00

21/ OFFICERS AND DIRECTORS

TITLE	D
NAME	HARBOR, THERESA
STREET ADDRESS	15549 APACHE PASS
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	C
NAME	BARRETT, ALICIA
STREET ADDRESS	23017 SR 44
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	CP
NAME	BARRETT, ALICIA
STREET ADDRESS	23017 SR 44
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	DS
NAME	MAYO, MICHELE
STREET ADDRESS	6368 COUNTY RD. 154 B
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	D
NAME	BARRETT, JENNIFER
STREET ADDRESS	21115 ORANGE CT
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	D
NAME	MAYO, MICHELLE
STREET ADDRESS	805 SOUTH MAIN STREET
CITY-ST-ZIP	WILDWOOD, FL 34785

EP OPU X SJJF! JO UI JT TQBDF

23/ 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.

TJHOBUVSF; ____________ 3-17-06

T.JHOBUVSF BOE UZQFE PS QSJOUFE OBNF PG TJHOJOH PGGJDFS PS EJSFDUPS Date Daytime Phone #