

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000492

FILED
Mar 30, 2008
Secretary of State

Entity Name: OUR SMALL CHILDREN AT RISK FOUNDATION, INC.

Current Principal Place of Business:

807 S. MAIN ST.
WILDWOOD, FL 34785 US

New Principal Place of Business:

Current Mailing Address:

805 S. MAIN ST.
WILDWOOD, FL 34785 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
4760 CR 121 D
WILDWOOD, FL 34785 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: HARBOR, THERESA
Address: 15549 APACHE PASS
City-St-Zip: EUSTIS, FL 32726

Title: C () Delete
Name: BARRETT, ALICIA
Address: 4760 CR 121 D
City-St-Zip: WILDWOOD, FL 34785 US

Title: CP () Delete
Name: BARRETT, ALICIA
Address: 4760 CR 121 D
City-St-Zip: WILDWOOD, FL 34785 US

Title: DS () Delete
Name: MAYO, MICHELE
Address: 6368 COUNTY RD. 154 B
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: BARRETT, JENNIFER
Address: 23107 HWY 44 E
City-St-Zip: EUSTIS, FL 32726 US

Title: D () Delete
Name: HAINES, MARYJO
Address: 15426 OLD CHISHOLM TR.
City-St-Zip: EUSTIS, FL 32726 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: ALICIA, BARRETT
Address: 4760 CR 121D
City-St-Zip: WILDWOOD, FL 34785

Title: D (X) Change () Addition
Name: ELIZABETH, ALVARADO
Address: 4760 CR 121 D
City-St-Zip: WILDWOOD, FL 34785 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: MAYO, MICHELE
Address: 9240 CR 128 C
City-St-Zip: WILDWOOD, FL 34785

Title: D (X) Change () Addition
Name: BARRETT, JENNIFER
Address: 23017 HWY 44 E
City-St-Zip: EUSTIS, FL 32726 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

P

03/30/2008

Electronic Signature of Signing Officer or Director

Date