2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003193

BARRY, PATSY

6625 SUPERIOR AVE

SARASOTA, FL 34231

Name:

Address:

City-St-Zip:

FILED Mar 18, 2009 Secretary of State

Entity Name: CHILDREN'S CHARITY FUND INC. **Current Principal Place of Business: New Principal Place of Business:** 6625 SUPERIOR AVE SARASOTA, FL 34231 **Current Mailing Address: New Mailing Address:** 6625 SUPERIOR AVE SARASOTA, FL 34231 FEI Number: 06-1321377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOWRON, KENNETH 6623 SUPÉRIOR AVE US SARASOTA, FL 34231 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BOWRON, KENNETH Name: Name: 6625 SUPEROIR AVE Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: VPD Title: () Delete () Change () Addition Name: CLARK, GERI Name: Address: 39 SHADY PARK A-9 Address: City-St-Zip: SELBYVILLE, DE 19975 City-St-Zip: Title: () Delete Title: () Change () Addition HARTWICK, ROD D Name: Name: 6625 SUPERIOR AVE Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: SECD () Delete Title: () Change () Addition BARRY, PATSÝ Name: Name: 6625 SUPERIOR AVE Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KENNETH C BOWRON **PRES** 03/18/2009