

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001794

FILED  
Jan 11, 2006  
Secretary of State

**Entity Name:** FLORIDA CHILDRENS HOME, INC.

**Current Principal Place of Business:**

11415 HOPE INTERNATIONAL DR.  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

11415 HOPE INTERNATIONAL DR.  
TAMPA, FL 33625

**New Mailing Address:**

**FEI Number:** 59-3396511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHAFFER, AL  
11415 HOPE INTERNATIONAL DR.  
TAMPA, FL 33625 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: TD ( ) Delete  
Name: SCHAFFER, ALFRED W  
Address: 11415 HOPE INTERNATIONAL DR  
City-St-Zip: TAMPA, FL 33625

Title: PD ( ) Delete  
Name: STOMBAUGH, ROGER  
Address: 11415 HOPE INTERNATIONAL DR  
City-St-Zip: TAMPA, FL 33625

Title: VD ( ) Delete  
Name: HIGGINS, MIKE  
Address: 11415 HOPE INTERNATIONAL DR.  
City-St-Zip: TAMPA, FL 33625

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALFRED W. SCHAFFER

TD

01/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date