

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2004 8:00 am
Secretary of State

05-03-2004 91070 001 ****61.25

DOCUMENT # N95000004297	
1. Entity Name OUR COMMUNITY, OUR CHILDREN, INC.	

Principal Place of Business 104 DOE TRAIL JUPITER, FL 33458 US	Mailing Address 104 DOE TRAIL JUPITER, FL 33458 US
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66428355



DO NOT WRITE IN THIS SPACE

04172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0608313	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCGUIRE, KATHY 104 DOE TRAIL JUPITER, FL 33458
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IN THIS SPACE**

8. 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, KATHY 104 DOE TRAIL JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANNAH, TITUS 122 STILL LAKE DR JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FARRAR, HOLLY 800 DEL LAGO CIR PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: Kathy McGuire 6/10/04 561-748-6750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #