


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 08:00 AM
Secretary of State

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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DO NOT WRITE IN THIS SPACE



05102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0608313	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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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 \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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1100000366591
05/13/05-80010-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **5/10/05** **561-339-5169**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #