2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000004673

1. Entity Name
THE CHILDREN'S TABLE, INC.

FILED
Jul 10, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
10451 NE 125 AVENUE BRONSON, FL 32621	PO BOX 186 ARCHER, FL 32618

07062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3340284
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, WILLIAM A., SR.
10451 NE 125 AVENUE
BRONSON, FL 32621

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

Filing Fee is $61.25
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	BROWN, WILLIAM A., SR.
STREET ADDRESS	10451 NE 125 AVENUE
CITY-ST-ZIP	BRONSON, FL 32621
TITLE	VPD
NAME	MCCREA, ARLEY
STREET ADDRESS	1517 BESSENT RD
CITY-ST-ZIP	STARKE, FL 32091
TITLE	S/D
NAME	BROWN, VERNA
STREET ADDRESS	10451 NE 125 AVENUE
CITY-ST-ZIP	BRONSON, FL 32621
TITLE	SD
NAME	TWOMBLY, CHERYL
STREET ADDRESS	10451 NE 125 AVE
CITY-ST-ZIP	BRONSON, FL 32621
TITLE	D
NAME	BROWN, ELIZABETH
STREET ADDRESS	10451 NE 125 AVE
CITY-ST-ZIP	BRONSON, FL 32621
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/10/08-80003-007 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: William A. Brown William A. BROWN 7/06/08 352-486-6525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #