2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N95000004673

Entity Name: THE CHILDREN'S TABLE, INC.

Current Principal Place of Business:

10451 NE 125 AVENUE
BRONSON, FL 32621

New Principal Place of Business:

Current Mailing Address:

PO BOX 186
ARCHER, FL 32618

New Mailing Address:

FEI Number: 59-3340284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, WILLIAM A., SR.
10451 NE 125 AVENUE
BRONSON, FL 32621 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: P/D ( ) Delete
Name: BROWN, WILLIAM A., S, R.
Address: 10451 NE 125 AVENUE
City-St-Zip: BRONSON, FL 32621

Title: VPD ( ) Delete
Name: MCCREA, ARLEY
Address: 1517 BESSENT RD
City-St-Zip: STARKE, FL 32091

Title: S/D ( ) Delete
Name: BROWN, VERNA,
Address: 10451 NE 125 AVENUE
City-St-Zip: BRONSON, FL 32621

Title: SD ( ) Delete
Name: TWOMBLY, CHERYL
Address: 10451 NE 125 AVE
City-St-Zip: BRONSON, FL 32621

Title: D ( ) Delete
Name: BROWN, ELIZABETH
Address: 10451 NE 125 AVE
City-St-Zip: BRONSON, FL 32621

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:

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 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: WILLIAM A BROWN PRES 03/17/2009
Electronic Signature of Signing Officer or Director — Date