

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004673

FILED  
Feb 17, 2011  
Secretary of State

**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 (X)**

**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  
Name: BROWN, WILLIAM A., SR.  
Address: 10451 NE 125 AVENUE  
City-St-Zip: BRONSON, FL 32621

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM A. BROWN

P/D

02/17/2011

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

\_\_\_\_\_  
Date