

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2003 8:00 am
Secretary of State

06-18-2003 90019 026 ****70.00

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1. Entity Name

THE CHILDREN'S TABLE, INC.



Principal Place of Business

**10451 NE 125 AVENUE
BRONSON FL 32621**

Mailing Address

**PO BOX 186
ARCHER FL 32618**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, WILLIAM A., SR.
10451 NE 125 AVENUE
BRONSON FL 32691**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☐ Delete
NAME **BROWN, WILLIAM A., SR.**
STREET ADDRESS **10451 NE 125 AVENUE**
CITY-ST-ZIP **BRONSON FL 32621**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **~~ROOKS, LILLY~~**
STREET ADDRESS **~~6530 SW STATE RD 24~~**
CITY-ST-ZIP **ROSEWOOD FL 32625**

TITLE ☒ Change ☐ Addition
NAME **Arley McCrea**
STREET ADDRESS **1517 Bessent Rd**
CITY-ST-ZIP **STARK FL 32091**

TITLE **S/D** ☐ Delete
NAME **BROWN, VERA**
STREET ADDRESS **10451 NE 125 AVENUE**
CITY-ST-ZIP **BRONSON FL 32621**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **TWOMBLY, CHERYL**
STREET ADDRESS **10451 NE 125 AVE**
CITY-ST-ZIP **BRONSON FL 32621**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BROWN, EDITH**
STREET ADDRESS **P.O. BOX 512**
CITY-ST-ZIP **BRONSON FL 32621**

TITLE ☒ Change ☐ Addition
NAME **Rev Jack Neidermeyer**
STREET ADDRESS **20650 SW 102 St Road**
CITY-ST-ZIP **Dunnellon FL 34431**

TITLE **D** ☒ Delete
NAME **NORRIS, CLIFF**
STREET ADDRESS **6050 NE 87 TERRACE**
CITY-ST-ZIP **BRONSON FL 32621**

TITLE ☒ Change ☐ Addition
NAME **Elizabeth Brown**
STREET ADDRESS **10451 NE 125 Ave**
CITY-ST-ZIP **BRONSON FL 32621**

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:

06/16/03 REQUIRED

William A. Brown SR. 352-486145

CR2E037 (10/02)