2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State
03-13-2000 90038 050 ****61.25

DOCUMENT # N97000000024

1. Entity Name

FOUNDATION FOR CHILDREN, INC.

Principal Place of Business	Mailing Address
~~2074 THOMASVILLE ROAD~~ TALLAHASSEE FL ~~32312~~	P.O. BOX 10426 TALLAHASSEE FL 32302-2426

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 203 N. Gadsden St #3	Suite, Apt. #, etc.
City & State Tallahassee FL	City & State
Zip 32301 Country	Zip Country

4. FEI Number 59-3463475 ☐ 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
DOVE, JOYCE SIBSON ESQ. ~~2074 THOMASVILLE ROAD~~ TALLAHASSEE FL ~~32312~~	Name: JOYCE SIBSON DOVE Street Address (P.O. Box Number is Not Acceptable): Attorney at Law 203 N Gadsden St #3 City: Tallahassee FL Zip Code: 32301

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.

SIGNATURE _____ 1/4/2000
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOVE, JOYCE SIBSON 6734 CHEVY WAY TALLAHASSEE FL ~~32310~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 32311
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOVE, JAMES LEWIS JR ~~6734 CHEVY WAY~~ TALLAHASSEE FL ~~32310~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 817 Appleyard Dr Tallahassee FL 32304
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAIGLE, MEGHAN B ~~2074 THOMASVILLE ROAD~~ ~~TALLAHASSEE FL 32312~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 203 N Gadsden #3 32301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'REILLY, DEBORAH ~~2074 THOMASVILLE ROAD~~ ~~TALLAHASSEE FL 32312~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 203N Gadsden #3 32301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIBSON, LORETTA 22 FOSTER ROAD E. SANDWICH MA 02537	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED 1/4/2000 850 2241111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #