

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90095 045 ****61.25

DOCUMENT # N97000000024

1. Entity Name

FOUNDATION FOR CHILDREN, INC.

Principal Place of Business

Mailing Address

**203 N GADSDEN ST # 3
TALLAHASSEE FL 32301**

**P.O. BOX 10426
TALLAHASSEE FL 32302-2426**

2. Principal Place of Business

3. Mailing Address

203 N. Franklin Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3463475

Applied For

Not Applicable

Zip

Country

Zip

Country

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.
ATTORNEY AT LAW
203 N GADSDEN ST #3
TALLAHASSEE FL 32301**

Name

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

203 N. Franklin Blvd

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/02

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 **D** ☐ Delete
NAME **DOVE, JOYCE SIBSON**
STREET ADDRESS **6734 CHEVY WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

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

TITLE **D** ☐ Delete
NAME **DOVE, JAMES LEWIS JR**
STREET ADDRESS **817 APPELYARD DR**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

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

TITLE **D** ☐ Delete
NAME **DAIGLE, MEGHAN B**
STREET ADDRESS **203 N GADSDEN #3**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☒ Change ☐ Addition
NAME **148 Dawn Lauren**
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
NAME **O'REILLY, DEBORAH**
STREET ADDRESS **203 N GADSDEN # 3**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **D** ☐ Delete
NAME **SIBSON, LORETTA**
STREET ADDRESS **22 FOSTER ROAD**
CITY-ST-ZIP **E. SANDWICH MA 02537**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02

Date

Daytime Phone #

CR2E037 (9/01)