2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 09, 2004 8:00 am
Secretary of State
03-01-2004 90051 020 ****61.25

DOCUMENT # N97000000024

1. Entity Name
FOUNDATION FOR CHILDREN, INC.

Principal Place of Business	Mailing Address
203 NORTH FRANKLIN BLVD TALLAHASSEE, FL 32301	P.O. BOX 10426 TALLAHASSEE, FL 32302-2426

02232004 Chg-NP CR2E037 (10/03)

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 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. ATTORNEY AT LAW 203 NORTH FRANKLIN BLVD TALLAHASSEE, FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOVE, JOYCE SIBSON 6734 CHEVY WAY TALLAHASSEE, FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOVE, JAMES LEWIS JR ~~817 APPLEYARD DR~~ ~~TALLAHASSEE, FL 32304~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dove, James Lewis JR 6734 Chevy Way Tallahassee FL 323.. Director ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAIGLE, MEGHAN B ~~148 DAWN LAUREN~~ ~~TALLAHASSEE, FL 32301~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Daigle, Meghan Bondreau 4507 Argyle Lane Tallahassee FL 32309 Treasurer ☒ Change ☐ Addition
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	Lynn Beiber 5196 Oakdale Ct Pleasanton CA 94588 Director ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRIVIT, NANCY 2051 COUNTRY CLUB DR TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Alexis McKenna 1123 S. 6th St Independence OR 97351 Director ☐ 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 like empowered.

SIGNATURE: _____ 2/26/04 850 224 1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #