2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700000024

Current Principal Place of Business:

Entity Name: FOUNDATION FOR CHILDREN, INC.

FILED Apr 15, 2005 Secretary of State

203 NORTH FRANKLIN BLVD TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** P.O. BOX 10426 TALLAHASSEE, FL 323022426 FEI Number: 59-3463475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOVE, JOYCE SIBSON ESQ. ATTORNEY AT LAW 203 NORTH FRANKLIN BLVD TALLAHASSEE, FL 32301 US 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

() Delete () Change () Addition DOVE, JOYCE SIBSON Name: Name: 6734 CHEVY WAY Address: Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: Title: () Delete Title: () Change () Addition DOVE, JAMES LEWIS JR Name: Name: Address: 6734 CHEVY WAY Address: City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: Title: () Delete Title: (X) Change () Addition DAIGLE, MEGHAN B Name: LOGAN, EVELYN Name: 2525 ARAPAHOE #E4318 Address: 4507 ARGGULE LANE Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: BOULDER, CO 80302 Title: Title: () Change () Addition () Delete Name: BEIBER, LYNN Name: Address: 5196 OAKDALE CT. Address: City-St-Zip: PLEASANTON, CA 94588 City-St-Zip: Title: () Delete Title: () Change () Addition KRIVIT, NANCY Name: Name: 2051 COUNTRY CLUB DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: () Change () Addition MCKENNA. ALEXIS Name: Name: Address: 1123 S. 6TH ST. Address: INDEPENDENCE, OR 97351 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOYCE SIBSON DOVE DIR 04/15/2005