

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000024

FILED
Apr 03, 2009
Secretary of State

Entity Name: FOUNDATION FOR CHILDREN, INC.

Current Principal Place of Business:

101 N. MADISON
QUINCY, FL 32351

New Principal Place of Business:

1719 MAHAN DRIVE
TALLAHASSEE, FL 32308

Current Mailing Address:

P.O. BOX 10426
TALLAHASSEE, FL 323022426

New Mailing Address:

P.O. BOX 10426
TALLAHASSEE, FL 323022426 US

FEI Number: 59-3463475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOVE, JOYCE S
101 N MADISON ST
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

DOVE, JOYCE S
1719 MAHAN DRIVE
TALLAHASSEE, FL 32308 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: JOYCE SIBSON DOVE

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOVE, JOYCE SIBSON
Address: 101 N MADISON ST
City-St-Zip: QUINCY, FL 32351

Title: T () Delete
Name: DOVE, JAMES LEWIS
Address: 101 N MADISON ST
City-St-Zip: QUINCY, FL 32351

Title: SD () Delete
Name: KRIVIT, NANCY
Address: 2051 COUNTRY CLUB DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: MOORE, CHARLES M.D.
Address: 1210 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOVE, JOYCE SIBSON
Address: 1719 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: T (X) Change () Addition
Name: DOVE, JAMES LEWIS
Address: 1719 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOORE, CHARLES M.D.
Address: 511 EGRET MARSH ROAD
City-St-Zip: LLOYD, FL 32344

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date