

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000024

FILED  
Feb 03, 2012  
Secretary of State

**Entity Name:** FOUNDATION FOR CHILDREN, INC.

**Current Principal Place of Business:**

1581 SALLEY BROWN RD.  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10426  
TALLAHASSEE, FL 323022426 US

**New Mailing Address:**

**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  
1581 SALLEY BROWN  
TALLAHASSEE, FL 32351 US

**Name and Address of New Registered Agent:**

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:**

Title: PD  
Name: DOVE, JOYCE S  
Address: 1581 SALLEY BROWN RD.  
City-St-Zip: QUINCY, FL 32351

Title: T  
Name: DOVE, JAMES L JR  
Address: 1581 SALLEY BROWN RD.  
City-St-Zip: QUINCY, FL 32351

Title: SD  
Name: KRIVIT, NANCY  
Address: 2051 COUNTRY CLUB DR  
City-St-Zip: TALLAHASSEE, FL 32301

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

I hereby 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 all other like empowered.

SIGNATURE: JOYCE S DOVE

P

02/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date