

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005752

FILED
Feb 22, 2006
Secretary of State

Entity Name: INTERNATIONAL CHILD DEVELOPMENT RESOURCE CENTER AND THE GOOD NEWS DOCTOR FOUNDATION, INC.

Current Principal Place of Business:

1688 W HIBISCUS BLVD
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

1688 W HIBISCUS BLVD
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 59-3473087 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

O'BRIEN, JAMES M ESQ.
1686 WEST HIBISCUS BLVD.
MELBOURNE, FL 32901 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: D () Delete
Name: BRADSTREET, JAMES J MD
Address: 730 EMERSON DRIVE NE
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: DEKKER, HENRY
Address: 1260 HOLLOW BROOK LANE
City-St-Zip: MALABAR, FL 32950

Title: D () Delete
Name: PADGETT, JOHN
Address: 10350 LOG HOUSE RD.
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete
Name: KARTZINEL, JERROLD MD
Address: 3604 QUAIL CT.
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES J BRADSTREET

DR.

02/22/2006

Electronic Signature of Signing Officer or Director

Date