


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000001884 1. Entity Name THE ASSOCIATION FOR THE PROTECTION OF CHILDREN, INC.	
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Principal Place of Business 7485 NW 121ST AVE. ALACHUA, FL 32615 US	Mailing Address PO BOX 1438 ALACHUA, FL 32616 US
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03262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3503903	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POURCHOT, THOMAS L 636 TURKEY CREEK ALACHUA, FL 32615	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/04/07-80057-001 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POURCHOT, THOMAS L 636 TURKEY CREEK ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOLOMON, KENNETH 5614 W SR 235 LA CROSSE, FL 32658
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRAMER, CARISSA P.O. BOX 317 LA CROSSE, FL 32658
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Thomas L Pourchat 3/26/07 352-283-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6844