

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000006761**

1. Entity Name  
ROOMS TO GO CHILDREN'S FUND, INC.



Principal Place of Business

11540 HWY 92 EAST  
SEFFNER, FL 33584

Mailing Address

11540 HWY 92 EAST  
SEFFNER, FL 33584



01102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0878894

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEYER, DAVID A  
101 EAST KENNEDY BLVD, STE 2000  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000950475  
06/03/08-80069-015 61.25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SEAMAN, JEFFREY  
STREET ADDRESS 400 PERIMETER CENTER TERR. STE 800  
CITY-STATE-ZIP ATLANTA, GA 30346

TITLE DV  
NAME STEIN, LEWIS  
STREET ADDRESS 11540 US HWY 92 EAST  
CITY-STATE-ZIP SEFFNER, FL 33584

TITLE DST  
NAME KETTLE, J. MICHAEL  
STREET ADDRESS 400 PERIMETER CENTER TERR STE 800  
CITY-STATE-ZIP ATLANTA, GA 30346

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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:**

*[Signature]* *DU LEWIS STEIN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/23/08*