

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000799

**FILED**  
**Jan 16, 2004**  
**Secretary of State****Entity Name:** THE FUND FOR CHILD DEVELOPMENT CENTER, INC.**Current Principal Place of Business:**1226 N TAMiami TRAIL  
SUITE 302  
SARASOTA, FL 34236 US**New Principal Place of Business:**4620 17TH STREET  
SARASOTA, FL 34235 US**Current Mailing Address:**1226 N TAMiami TRAIL  
SUITE 302  
SARASOTA, FL 34236 US**New Mailing Address:**4620 17TH STREET  
SARASOTA, FL 34235 US**FEI Number:** 65-1027375**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ERB, CALVIN W  
3148A SOUTHGATE CIRCLE  
SARASOTA, FL 34239 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:** MCDANIEL, BILL  
**Address:** 400 MADISON DRIVE  
**City-St-Zip:** SARASOTA, FL 34236**Title:** D ( ) Delete  
**Name:** ERB, CALVIN W  
**Address:** 31488 SOUTH GATE CIRCLE  
**City-St-Zip:** SARASOTA, FL 34239**Title:** SD ( ) Delete  
**Name:** CALDWELL, KELLY  
**Address:** 201 CENTER ROAD  
**City-St-Zip:** VENICE, FL 34292**Title:** CD ( ) Delete  
**Name:** DART, TOM  
**Address:** 1549 RINGLING BLVD SUITE 600  
**City-St-Zip:** SARASOTA, FL 34236**Title:** VCD (X) Delete  
**Name:** BUFFETT, TOM  
**Address:** 683 MOURNING DOVE DRIVE  
**City-St-Zip:** SARASOTA, FL 34236**Title:** TD (X) Delete  
**Name:** SUPLEE, RAY  
**Address:** 800 SOUTH OSPREY AVE  
**City-St-Zip:** SARASOTA, FL 34236**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CH (X) Change ( ) Addition  
**Name:** DART, TOM  
**Address:** 1415 N. LAKESHORE DR  
**City-St-Zip:** SARASOTA, FL 34231**Title:** VCH (X) Change ( ) Addition  
**Name:** BUFFETT, TOM  
**Address:** 683 MOURNING DOVE DR  
**City-St-Zip:** SARASOTA, FL 34236**Title:** S (X) Change ( ) Addition  
**Name:** CALDWELL, KELLY  
**Address:** 201 CENTER ROAD  
**City-St-Zip:** VENICE, FL 34292**Title:** TR (X) Change ( ) Addition  
**Name:** SUPLEE, RAY  
**Address:** 800 SOUTH OSPREY  
**City-St-Zip:** SARASOTA, FL 34236**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 Section 119.07(3)(i), 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: TOM DART

CH

01/16/2004

Electronic Signature of Signing Officer or Director

Date