

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

**FILED  
Sep 23, 2008  
Secretary of State**

DOCUMENT# N99000003963

Entity Name: "IT TAKES A VILLAGE", INC.

**Current Principal Place of Business:**

205 NW 1ST AVE  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CATHERINE MALCOLM  
P.O. BOX 14035  
FORT LAUDERDALE, FL 33302

**New Mailing Address:**

FEI Number: 65-0948174      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MALCOLM, CATHERINE  
2280 S.W. 139TH AVENUE  
DAVIE, FL 33325      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: MALCOLM, CATHERINE  
Address: 2280 SW 139TH AVE  
City-St-Zip: DAVIE, FL 33325

Title: T      ( ) Delete  
Name: MALCOLM, DESMOND  
Address: 2280 SW 139TH AVE  
City-St-Zip: DAVIE, FL 33325

Title: T      ( ) Delete  
Name: NATION, SUZANNE  
Address: 474 NW 49TH AVE  
City-St-Zip: PLANTATION, FL 33317

**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:

I hereby certify that the information supplied with this filing does not qualify 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: SUZANNE NATION

T

09/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date