

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P03000040900

1. Entity Name  
FLORIDA'S CHILD, INC.



Principal Place of Business  
1860 ASHLAND TRAIL  
OVIEDO, FL 32765 US

Mailing Address  
1860 ASHLAND TRAIL  
OVIEDO, FL 32765 US

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90020 040 \*\*\*150.00



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number  
47-0919594

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M ESQ  
410 NORTH MILLS AVE  
ORLANDO, FL 32803

**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUMPHREY, MICHELLE A 1860 ASHLAND TRAIL OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* President 2-16-05 407-739-2830