


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90027 034 ****61.25

DOCUMENT # N0100006462

1. Entity Name
THE TWELVE FOR CHILDREN AND FAMILIES OF FLORIDA, INC.



Principal Place of Business
**1881 NE 26 STREET
 SUITE 240
 WILTON MANORS, FL 33305**

Mailing Address
**1881 NE 26 STREET
 SUITE 240
 WILTON MANORS, FL 33305**

40059967



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc. - - -
 City & State - - -
 Zip - - - Country - - -

3. Mailing Address
 Suite, Apt. #, etc. - - -
 City & State - - -
 Zip - - - Country - - -

04012008 Chg-NP CR2E037 (12/06)

4. FEI Number
34-1970957

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHWEIKHARDT, WILLIAM
 900 6TH AVE S
 203
 NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NENTWICK, JOHN	
STREET ADDRESS	833 9TH STREET NW	
CITY-ST-ZIP	CANTON, OH 44709	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRUBER, MICHAEL S	
STREET ADDRESS	6370 MT PLEASANT STREET NW	
CITY-ST-ZIP	N CANTON, OH 44720	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAGNOLA, DEAN	
STREET ADDRESS	4800 MUNSON STREET NW	
CITY-ST-ZIP	CANTON, OH 44718	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENDETTA, CHARLES	
STREET ADDRESS	21808 MASTERS CIRCLE	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, RON	
STREET ADDRESS	7580 TWIN EAGLE LANE	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCUM, DIANA	
STREET ADDRESS	1201 CLAYTON AVE	
CITY-ST-ZIP	LEE HIGH ACRES, FL 33936	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Young, Kathy	
STREET ADDRESS	2800 ESTERO Blvd.	
CITY-ST-ZIP	FT. MYERS, FL. 33931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John R. Nentwick* **John R. Nentwick** 4-1-08 330-837-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #