

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004309

**Entity Name:** CHILDRENS FUND OF ST. CLOUD, INC.**Current Principal Place of Business:**156 EAST THIRD STREET  
LEXINGTON, KY 40508**Current Mailing Address:**P.O. BOX 54630  
LEXINGTON, KY 40555-4630 US**FEI Number:** 61-1395113**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BACK, LARRY H  
3243 HERONS POINT CIRCLE  
KISSIMMEE, FL 34741 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	NORMAN, LILLIE GRACE
Address	156 EAST THIRD STREET
City-State-Zip:	LEXINGTON KY 40508

Title	DIRECTOR
Name	CHERI LYNN BACK
Address	3243 HERONS POINT CIRCLE
City-State-Zip:	KISSIMMEE FL 34741

Title	DIRECTOR
Name	BACK, LARRY H
Address	3243 HERONS POINT CIRCLE
City-State-Zip:	KISSIMMEE FL 34741

Title	DIRECTOR
Name	HICKEY, SARA
Address	156 EAST THIRD STREET
City-State-Zip:	LEXINGTON KY 40508

*I hereby 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 all other like empowered.*

**SIGNATURE:** LILLIE GRACE NORMAN**PRESIDENT****01/28/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date