

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 731626 1. Entity Name CHILDREN'S CRUSADE FOR PEACE, INC.	
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Principal Place of Business 2000 N.E. 55TH ST. FT. LAUDERDALE, FL 33308	Mailing Address 2000 N.E. 55TH ST. FT. LAUDERDALE, FL 33308
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1980547	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MONACO, CARMEN M 2000 NE 55TH STREET FORT LAUDERDALE, FL 33308

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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 <u>Carmen M. Monaco</u> Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE <u>4/28/04</u>
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000151639 05/04/04-80055-022 61.25
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MONACO, CARMEN M 2000 NE 55TH ST FT LAUDERDALE, FL 00000,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERAVOLO, FRANK J 1971 E COMMERCIAL BLVD FT LAUDERDALE, FL 00000,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MONACO, ROBERT 7625 N.W. 79TH AVE#202 TAMARAC, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>DR. V. Carmen M. Monaco</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>Carmen M. Monaco</u> Date	<u>4-28-04</u> Daytime Phone #