FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:54

DOCUMENT # 765551 (7)

1. Corporation Name
CHILDREN'S RIGHTS OF AMERICA, INC.

Principal Place of Business	Mailing Address
8097-B ROSWELL RD ATLANTA GA 30350 US	8097-B ROSWELL RD ATLANTA GA 30350 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2261769 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8735 DUNWOODY PLACE	26 8735 DUNWOODY PLACE
Suite, Apt. #, etc. 22 SUITE G	Suite, Apt. #, etc. 27 SUITE G
City & State 23 ATLANTA, GA	City & State 28 ATLANTA, GA
Zip / Country 24 30350 / 25 USA	Zip / Country 29 30350 / 30 USA

5. Certificate of Status Desired ☑ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARSLEY, CAROL 11722 CURRIE LN. #12 LARGO FL 34644	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City **FL** 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	DR. ALEXANDER SIMON, D	☐ Change ☑ Addition
NAME	ROSENTHAL, MARTIN	12 NAME		
STREET ADDRESS	8097-B ROSWELL RD	13 STREET ADDRESS	10225 ULMERTON RD, SUITE 7C	
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	LARGO, FL 34641	
TITLE	PD	21 TITLE	D	☐ Change ☑ Addition
NAME	ROSENTHAL, KATHERYN	22 NAME	NANCI BARNARD	
STREET ADDRESS	8097-B ROSWELL RD	23 STREET ADDRESS	5465 ASPEN AVENUE	
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	PORTAGE, IN 46368	
TITLE	DT	31 TITLE	D	☐ Change ☑ Addition
NAME	PINO, MICHAEL	32 NAME	SANDIE BRICKEE	
STREET ADDRESS	8275 JACARANDA AVE. NO.	33 STREET ADDRESS	816 N. BUSHNELL AVE	
CITY-ST-ZIP	SEMINOLE FL	34 CITY-ST-ZIP	ALHAMBRA, CA 91801	
TITLE	DS	41 TITLE	D	☐ Change ☑ Addition
NAME	MOYER, CAMILLA	42 NAME	~~CARL ZANDEC~~	
STREET ADDRESS	4201 3RD ST.N.	43 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	NELSON, JANE	52 NAME	CARL ZANDEC	
STREET ADDRESS	7815 JAMAICA AVE.	53 STREET ADDRESS	2450 S. 46TH ST., #102	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	PHOENIX, AZ 85034	
TITLE	D	61 TITLE	D	☑ Change ☐ Addition
NAME	ORTON, ANITA	62 NAME	DAVID JOHNSON	
STREET ADDRESS	10600 VILLAGE DR	63 STREET ADDRESS	BOX 28676	
CITY-ST-ZIP	SEMINOLE FL	64 CITY-ST-ZIP	ATLANTA, GA 30328	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathy Rosenthal, Pres. KATHY ROSENTHAL 3/7/95 404-998-6698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073190