


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765551** (7)

1. Corporation Name

**CHILDREN'S RIGHTS OF AMERICA, INC.**

Principal Place of Business

Mailing Address

**8735 DUNWOODY PLACE  
SUITE 6  
ATLANTA GA 30350  
US**

**8735 DUNWOODY PLACE  
SUITE 6  
ATLANTA GA 30350-2995  
US**

3. Date Incorporated or Qualified  
**10/26/1982**

3a. Date of Last Report  
**09/20/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number  
**59-2261769**

Applied For  
Not Applicable

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

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

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**

**81** Name

**82** Street Address (P.O. Box Number Is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	<b>D</b> <b>XX</b> DELETE
NAME	<b>BARNARD, Nanci</b>
STREET ADDRESS	<b>RR1, BOX 46</b>
CITY-ST-ZIP	<b>OAKTOWN IN 47561</b>

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>ROSENTHAL, KATHERYN</b>
STREET ADDRESS	<b>8735 DUNWOODY PL #6</b>
CITY-ST-ZIP	<b>ATLANTA GA 30350</b>

TITLE	<b>DTV</b> <b>XX</b> DELETE
NAME	<b>PINO, MICHAEL</b>
STREET ADDRESS	<b>8275 JACARANDA AVE. NO.</b>
CITY-ST-ZIP	<b>SEMINOLE FL 34641</b>

TITLE	<b>DS</b> <b>XX</b> DELETE
NAME	<b>BRICKER, SANDIE</b>
STREET ADDRESS	<b>1341 E ORANGE GROVE BLVD #6</b>
CITY-ST-ZIP	<b>PASADENA CA 91104</b>

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ZANDER, CARL</b>
STREET ADDRESS	<b>2650 S 46TH ST., #102</b>
CITY-ST-ZIP	<b>PHOENIX AZ 85082</b>

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, DAVID</b>
STREET ADDRESS	<b>BOX 28676 N/A</b>
CITY-ST-ZIP	<b>ATLANTA GA 30328</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>CD</b> <input type="checkbox"/> Change <b>XX</b> Addition
1.2 NAME	<b>Jim Voss</b>
1.3 STREET ADDRESS	<b>1729 Fairfax</b>
1.4 CITY-ST-ZIP	<b>Barnhart, MO 63012</b>

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<b>VTD</b> <input type="checkbox"/> Change <b>XX</b> Addition
3.2 NAME	<b>Sue Bell</b>
3.3 STREET ADDRESS	<b>2906 Webb Bridge Road</b>
3.4 CITY-ST-ZIP	<b>Alpharetta, GA 30201</b>

4.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <b>XX</b> Addition
4.2 NAME	<b>Aubrey Osteen</b>
4.3 STREET ADDRESS	<b>1321 Hemingway Lane</b>
4.4 CITY-ST-ZIP	<b>Roswell, GA 30076</b>

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *[Handwritten Signature]* **7/25/97 2:28:48**

CR2E037 (9/96)