


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90118 003 ****61.25

DOCUMENT # N02000002518							
1. Entity Name SPENCER CRAWFORD CHILDREN'S FOUNDATION, INC.							
Principal Place of Business 9900 WEST SAMPLE ROAD STE 405 CORAL SPRINGS, FL 33065			Mailing Address 9900 WEST SAMPLE ROAD STE 405 CORAL SPRINGS, FL 33065				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 04-3623171			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SEGAL & KAPLAN, P.A. 9900 WEST SAMPLE ROAD STE 405 CORAL SPRINGS, FL 33065			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	CRAWFORD, ELLEN			NAME			
STREET ADDRESS	9900 W. SAMPLE RD, STE 405			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33065			CITY-ST-ZIP			
TITLE	V	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	CRAWFORD, CHRISTOPHER			NAME			
STREET ADDRESS	9900 W. SAMPLE RD, STE 405			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33065			CITY-ST-ZIP			
TITLE	S	Delete <input type="checkbox"/>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
NAME	MCMAHAN, BARBARA			NAME	S BARBARA MCMATTON		
STREET ADDRESS	5382 BLACKBERRY HILL			STREET ADDRESS	5382 Blueberry Hill		
CITY-ST-ZIP	LANTANA, FL 33463			CITY-ST-ZIP	LANTANA, FL 33463		
TITLE	T	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	BERKOWITZ, IAN			NAME			
STREET ADDRESS	2600 N MILITARY TRAIL #270			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33431			CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I 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 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: _____		President		7/6/05 954-341-1605			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			