
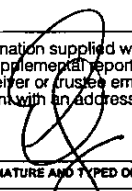


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90122 029 \*\*\*\*61.25

|   |  |   |   |  |                                |
|---|--|---|---|--|--------------------------------|
| <b>DOCUMENT # N02000002518</b>  |  |   |   |                       |                                |
| <b>1. Entity Name</b><br>SPENCER CRAWFORD CHILDREN'S FOUNDATION, INC.   |  |   |   |  |                                |
| <b>Principal Place of Business</b><br>9900 WEST SAMPLE ROAD<br>STE 405<br>CORAL SPRINGS, FL 33065   |  |   | <b>Mailing Address</b><br>9900 WEST SAMPLE ROAD<br>STE 405<br>CORAL SPRINGS, FL 33065   |  |                                |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>   |   |  |                                |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |  |                                |
| City & State  |  | City & State  |   | <b>4. FEI Number</b><br>04-3623171   |                                |
| Zip   |  | Country   |   | Zip  |                                |
| Country   |  | Country   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SEGAL & KAPLAN, P.A.<br>9900 WEST SAMPLE ROAD<br>STE 405<br>CORAL SPRINGS, FL 33065   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |                                |
| <b>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.</b>  |  |   |   |  |                                |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |  |                                |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to Florida Department of State</b>   |                                |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |                                |
| <b>TITLE</b><br>P<br><b>NAME</b><br>CRAWFORD, ELLEN<br><b>STREET ADDRESS</b><br>9900 W. SAMPLE RD, STE 405<br><b>CITY-ST-ZIP</b><br>CORAL SPRINGS, FL 33065   | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |                                |
| <b>TITLE</b><br>V<br><b>NAME</b><br>CRAWFORD, CHRISTOPHER<br><b>STREET ADDRESS</b><br>9900 W. SAMPLE RD, STE 405<br><b>CITY-ST-ZIP</b><br>CORAL SPRINGS, FL 33065   | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |                                |
| <b>TITLE</b><br>S<br><b>NAME</b><br>MCMAHAN, BARBARA<br><b>STREET ADDRESS</b><br>5382 BLUEBERRY HILL<br><b>CITY-ST-ZIP</b><br>LANTANA, FL 33463   | <input checked="" type="checkbox"/> Delete |   | <b>TITLE</b><br>Secretary<br><b>NAME</b><br>Randi Pollack<br><b>STREET ADDRESS</b><br>9900 W. Sample Rd, Ste 405<br><b>CITY-ST-ZIP</b><br>Coral Springs, FL 33065       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |                                |
| <b>TITLE</b><br>T<br><b>NAME</b><br>BERKOWITZ, IAN<br><b>STREET ADDRESS</b><br>2600 N MILITARY TRAIL #270<br><b>CITY-ST-ZIP</b><br>BOCA RATON, FL 33431   | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |                                |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |                                |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |                                |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b> |  |   |   |  |                                |
| <b>SIGNATURE:</b>  <b>Ellen Crawford</b>   |  |   | <b>2-17-06</b>  |  | <b>561-731-3452</b>            |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | <small>Date</small>   |  | <small>Daytime Phone #</small> |