

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000002196 (4)**

1. Corporation Name
THE CHILDREN'S COALITION INCORPORATED



Principal Place of Business: **418 NORTHWOOD RD. WEST PALM BEACH FL 33407**
Mailing Address: **418 NORTHWOOD RD. WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified: **05/11/1993**
3a. Date of Last Report: **06/29/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0410121	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WARSHAUER, HOWARD 406 43RD ST. WEST PALM BEACH FL 33407		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: _____ (NOTE: Registered Agent signature required when remaining) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P HANNA, ROBERT	12 NAME	
STREET ADDRESS	1901 FLORIDA AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP CLEVELAND, MICHAEL	22 NAME	
STREET ADDRESS	WEST PALM BEACH FL 33407	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T WARSHAUER, HOWARD	32 NAME	
STREET ADDRESS	406 43RD ST.	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GARDNER, ROBERT	42 NAME	
STREET ADDRESS	3100 N. FLAGLER DR.	43 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BARLOW, JOAN	52 NAME	
STREET ADDRESS	415 25TH ST.	53 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(k), 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: *Howard Warshauer* Date: **5/8/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **HOWARD WARSHAUER** Daytime Phone #

CR2E037 (12/95)