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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam,
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
4. FEI Number: 65-0410121
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 529 CLEMENS ST, Suite 5, WPB, FL, Zip 33401, Country USA
2a. Mailing Address: 26 P.O. BOX 2774, Suite, Apt. #, etc., WPB, FL, Zip 33402, Country USA

9. Name and Address of Current Registered Agent
WARSHAUER, HOWARD
408 43RD ST.
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent
81 Name: SAME
82 Street Address (P.O. Box Number OK if Acceptable): 608 58 ST
83
84 City: WPB, FL, Zip: 33407

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRES	NAME: FOX, BEATRICE	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 1009-D2 GREENPINE BLVD	CITY-ST-ZIP: WEST PALM BEACH FL	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: VP	NAME: CLEVELAND, MICHAEL	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 2220 PONCE DE LEON AVE.	CITY-ST-ZIP: WEST PALM BEACH FL 33407	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: TREASURER	NAME: WARSHAUER, HOWARD	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 408 43RD ST.	CITY-ST-ZIP: WEST PALM BEACH FL 33407	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: -D-	NAME: GARDNER, ROBERT	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 3100 N. FLAGLER DR.	CITY-ST-ZIP: WEST PALM BEACH FL 33407	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: -D-	NAME: SEGAL, WAYNE	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 931 VILLAGE BLVD	CITY-ST-ZIP: WEST PALM BEACH FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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T Warshauer, Howard
608 58th Street
West Palm Beach FL 33407
VP
Gardner, Robert
3100 N Flagler Dr
West Palm Beach FL 33407
Secretary
Segal, Wayne
931 Village Blvd
West Palm Beach FL 33407

14. 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 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* 11/21/98 561 844 2717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041324

CR2E037 (10/97)