

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002196
 1. Corporation Name
THE CHILDREN'S COALITION INCORPORATED

Principal Place of Business 529 CLEMATIS SP 5 WEST PALM BEACH FL 33401 US	Mailing Address POB 2774 PWB FL 33402 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	Za. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/11/1993	4. FEI Number 65-0410121	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WARSHAUER, HOWARD 608 58 ST WEST PALM BEACH FL 33407				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOX, BEATRICE	1.2 NAME	An Eta Sewell
STREET ADDRESS	1009-D2 GREENPINE BLVD	1.3 STREET ADDRESS	1100 Fairfield Drive
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	DT	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARSHAUER, HOWARD	2.2 NAME	Patricia Gregory
STREET ADDRESS	406 43RD ST.	2.3 STREET ADDRESS	1700 Embassy Drive # 707
CITY-ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP	West Palm Beach FL 33401
TITLE	D	3.1 TITLE	
NAME	GARDNER, ROBERT	3.2 NAME	
STREET ADDRESS	3100 N. FLAGLER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGAL, WAYNE	4.2 NAME	
STREET ADDRESS	931 VILLAGE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	An Eta Sewell	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	An Eta Sewell	5.2 NAME	
STREET ADDRESS	1100 Fairfield Drive	5.3 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33407	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with a power of attorney.

SIGNATURE: _____ DATE: 4/15/99 DAYTIME PHONE: 561 863-1324
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)