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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/11/1993

4. FEI Number

65-0410121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WARSHAUER, HOWARD
608 58 ST
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME FOX, BEATRICE
STREET ADDRESS 1009-D2 GREENPINE BLVD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE DT ☐ DELETE
NAME WARSHAUER, HOWARD
STREET ADDRESS 406 43RD ST.
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ DELETE
NAME GARDNER, ROBERT
STREET ADDRESS 3100 N. FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE DS ☒ DELETE
NAME SEGAL, WAYNE
STREET ADDRESS 931 VILLAGE BLVD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE
NAME ~~An Eta Sewell~~
STREET ADDRESS ~~1100 Fairfield Drive~~
CITY-ST-ZIP ~~West Palm Beach, FL 33407~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Director
An Eta Sewell
1100 Fairfield Drive
West Palm Beach, FL 33407
☐ Change ☒ Addition

Director
Patricia Gregory
1700 Embassy Drive # 707
West Palm Beach FL 33401
☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 letter like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

561 863-1324
Daytime Phone #

CR2E037 (11/98)