

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 19, 2005
Secretary of State

DOCUMENT# N93000002196

Entity Name: THE CHILDREN'S COALITION INCORPORATED**Current Principal Place of Business:**529 CLEMATIS ST
5
WEST PALM BEACH, FL 33401 US**New Principal Place of Business:****Current Mailing Address:**529 CLEMATIS ST
5
WEST PALM BEACH, FL 33401**New Mailing Address:**P.O. BOX 2774
WEST PALM BEACH, FL 33402**FEI Number:** 65-0410121**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CARTWRIGHT, CARLTON
529 CLEMATIS ST.
5
WEST PALM BEACH, FL 33401 US**Name and Address of New Registered Agent:**CARTWRIGHT, CARLTON G EX. DIR
529 CLEMATIS ST.
5
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: CARLTON G. CARTWRIGHT

06/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CARTWRIGHT, CARLTON
Address: 529 CLEMATIS ST
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TREA () Delete
Name: CARTWRIGHT, CARLTON
Address: 529 CLEMATIS ST
City-St-Zip: WEST PALM BEACH, FL

Title: SECR () Delete
Name: CARTWRIGHT, CARLTON
Address: 529 CLEMATIS ST
City-St-Zip: WEST PALM BEACH, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HAWKINS, VALERIE A
Address: 5609 SOUTH OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: TREA (X) Change () Addition
Name: WEISS, GREGG
Address: 615 KANUGA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SECR (X) Change () Addition
Name: WHITE, BARBARA
Address: 410 35TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MEMB () Change (X) Addition
Name: KRISCHER, BARRY
Address: 410 NORTH DIXIE HIGHWAY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MEMB () Change (X) Addition
Name: LOEB, NICK
Address: 1850 LAKE DRIVE
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLTON G. CARTWRIGHT

E.D.

06/19/2005

Electronic Signature of Signing Officer or Director

Date