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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	N96000003743	(9)

CHERISH THE CHILDREN FOUNDATION, INC.

FILED Mar 24 1997 8:00am Secretary of State



	co of Business	Mailing Address					 	09 11 140	0.200
1610 N MYRTLE AVE CLEARWATER FL 34615 CLEARWATER FL 34615-2549									
OLEANWATEN	FL 34013	OCCUMENTED TO SHOULD	2049			3. Date Incorporated or Qualified 07/16/1996	3a. Dat	of Last	Report
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number 59 - 3411071		-	Applied For Not Applicable
Suite, Apt.	etc 26 Suite, Apt. #, et 27		, etc.			5. Certificate of Status Desired	\$8.75 Additiona		
City & Sta	ite	City & State				6. Election Campaign Financing			May Be
3		28				Trust Fund Contribution			to Fees
- Ζφ Τ1	Country	Zip	h	untry		8. This corporation has liability for	~ _		s. 199.032,
1	25 9. Name and Address of Curre	29 29 Agent	30	Τ		Florida Statutes 10. Name and Address of New R	Yes		
				81	Name		-		
KUGI F	R, BEN			-	Ctroot Add	ress (P.O. Box Number is Not Accepta	hlo)		
	MYRTLE AVE			82 Street Add		ress (F.O. Box Number is Not Accepta	(BID)		
CLEAR	WATER FL 34615			83					
				84	City			85 Zip	Code
					·	poration submits this statement for the tion's board of directors. I hereby acce	FL	1 1	
	Signature: typed or printed name of registered as			d Agent	signature requi	red when reinstating)	DATE		
		MIT DURECTORS	12			ADDITIONS/CHANGES TO OFFI	CERS AND	DIBECTO	IRS IN 12
	PD	ND DIRECTORS DELETE	13.	îLE		ADDITIONS/CHANGES TO OFFI		DIRECTO Change	
TLF	PD KUGLER, BEN					ADDITIONS/CHANGES TO OFFI			
TLE	PD KUGLER, BEN 2852 CHELSEA PL S		1.1 Ti 1.2 N	AME	DDRESS	ADDITIONS/CHANGES TO OFFI			
ITLE AME TREET AUDRESS ITY-S1-ZIP	PD KUGLER, BEN 2852 CHELSEA PL S CLEARWATER FL 34619	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C	AME Treet a ITY-ST-	- 1	ADDITIONS/CHANGES TO OFFI		Change	☐ Additi
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ITLE AME TREET ADDRESS ITY - ST - ZIP ITLE IAME	PD KUGLER, BEN 2852 CHELSEA PL S CLEARWATER FL 34619 D KUGLER, JUDITH	☐ DELETE	1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N	ame Treet a ITY-ST- ITLE Ame	ZIP	ADDITIONS/CHANGES TO OFFI		Change	Additi
TILE AME TREET ADDRESS (TY - S1 - 71P TILE AME THEET ADDRESS	PD KUGLER, BEN 2852 CHELSEA PL S CLEARWATER FL 34619 D KUGLER, JUDITH	☐ DELETE	1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S	ame Treet a <u>(Ty-ST-</u> ITLE	DDRESS	ADDITIONS/CHANGES TO OFFI		Change	Additi
ITLE IAME TREET AUDRESS ITY - S1 - 71P ITLE IAME THEET AUDRESS ITY - S1 - 71P	PD KUGLER, BEN 2852 CHELSEA PL S CLEARWATER FL 34619 D KUGLER, JUDITH 2852 CHELSEA PL S CLEARWATER FL 34619 VD	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI	AME TREET A (TY-ST- TLE AME TREET A CITY-S1	DDRESS	ADDITIONS/CHANGES TO OFFI		Change	Additi
ITLE LAME LYREE LADDRESS	PD KUGLER, BEN 2852 CHELSEA PL S CLEARWATER FL 34619 D KUGLER, JUDITH 2852 CHELSEA PL S CLEARWATER FL 34619 VD FRIEDMAN, MARSHA	DELETE	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	AME TREET A ITY-ST- ITLE AME TREET A CITY-ST	DDRESS ZIP	ADDITIONS/CHANGES TO OFFI		Change Change	Additi
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12. ITTLE NAME STREET ADDRESS CITY-ST-7IP ITTLE NAME STREET ADDRESS	PD KUGLER, BEN 2852 CHELSEA PL S CLEARWATER FL 34619 D KUGLER, JUDITH 2852 CHELSEA PL S CLEARWATER FL 34619 VD FRIEDMAN, MARSHA 2577 DOLLY BAY DR #305 PALM HARBOR FL 34684 VD FRIEDMAN, STEVE 2577 DOLLY BAY DR #305 PALM HARBOR FL 34684 SD BENNISH, GRACIA 109 SOUTH SPRING TARPON SPRINGS FL 3468 TD ROBERTS, GARY	DELETE DELETE DELETE	1.1TI 12.N 13.S 1.4.C 2.1 TI 22.N 2.3.S 2.4.C 3.1 TI 32.N 3.3.S 3.4.C 4.1 TI 4.2.N 4.3.S 4.4.C 5.1 TI 5.2.N 5.3.S 5.4.C 6.1 TI 6.2.N	AME TREET A ITY-ST- TILE AME TREET A ITY-ST TILE AME TREET A ITY-ST TILE TREET A ITY-ST TILE TREET A ITY-ST TILE TREET A AME TREET A ITY-ST TILE TREET A AME	DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS	ADDITIONS/CHANGES TO OFFI		Change Change Change	Addition Addition Addition Addition

14. To chareby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Infrinter certify that 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 entry of the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or on an adachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING PARCET OR DIRECTO

Daytime Phone # 0066748

Date