


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003743 (9)
 1. Corporation Name
CHERISH THE CHILDREN FOUNDATION, INC.

Principal Place of Business 1610 N MYRTLE AVE CLEARWATER FL 34615	Mailing Address 1610 N MYRTLE AVE CLEARWATER FL 34615
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3. Date Incorporated or Qualified
07/16/1996

4. FEI Number 59-3411071	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

9. Name and Address of Current Registered Agent

KUGLER, BEN
1610 N MYRTLE AVE
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KUGLER, BEN	
STREET ADDRESS	2852 CHELSEA PL S	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUGLER, JUDITH	
STREET ADDRESS	2852 CHELSEA PL S	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, MARSHA	
STREET ADDRESS	2577 DOLLY BAY DR #305	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, STEVE	
STREET ADDRESS	2577 DOLLY BAY DR #305	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BENNISH, GRACIA	
STREET ADDRESS	109 SOUTH SPRING	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, GARY	
STREET ADDRESS	109 SOUTH SPRING	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Marsha Friedman* **MARSHA FRIEDMAN** 813-443-7115

CR2E037 (10/97)