

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

5/4

05-04-2004 90186 027 \*\*\*\*61.25


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04232004 No Chg-NP CR2E037 (10/03)

**DOCUMENT # N96000003743**

1. Entity Name  
**CHERISH THE CHILDREN FOUNDATION, INC.**



Principal Place of Business  
**714 N. FT. HARRISON AVE  
 CLEARWATER, FL 33755**

Mailing Address  
**714 N. FT. HARRISON AVE P.O. Box 5  
 CLEARWATER, FL 33755 33757**

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3411071**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~BROWN, PATTI  
 714 N. FT. HARRISON AVE  
 CLEARWATER, FL 33755~~

**ANDERSON, CHARLOTTE  
 P.O. Box 5 1575 BARRY RD.  
 CLEARWATER, FL  
 33757  
 33756**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charlotte Anderson* **Charlotte Anderson P. Box 4-27-04**  
Signature of person or entity that is registered agent and (if applicable) (NOTE: Registered Agent a grantor, not a grantee) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUGLER, BEN 2852 CHELSEA PL S CLEARWATER, FL 34619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDMAN, MARSHA 200 DOLPHIN POINT #202 CLEARWATER, FL 33767 <b>14631 MIDDLEFIELD LN. ORSTA, FL 33856</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, PATTI 363 PONCE DELEON BLVD. BELLEAIR, FL 33758 <b>ANDERSON, CHARLOTTE 1575 BARRY RD CLEARWATER, FL 33756</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GULLETTE, KAREN 505 N. JEFFERSON AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LORCH, LINDA 311 JEFFERSON AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: *Marsha Friedman*  
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR Date Day/MC/Phone #