

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90400 017 \*\*\*\*61.25

**DOCUMENT # N96000003743**

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



Principal Place of Business  
**PO BOX 5  
 CLEARWATER, FL 33757**

Mailing Address  
**PO BOX 5  
 CLEARWATER, FL 33757**

**50008060**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-3411071**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, CHARLOTTE  
 1575 BARRY ROAD  
 CLEARWATER, FL 33756**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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*

*(NO CHANGE)*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**  Delete  
 NAME **KUGLER, BEN**  
 STREET ADDRESS **2852 CHELSEA PL S**  
 CITY-ST-ZIP **CLEARWATER, FL 34619**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **FRIEDMAN, MARSHA**  
 STREET ADDRESS **14631 MIDDLEFIELD LANE**  
 CITY-ST-ZIP **ODESSA, FL 33556**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD**  Delete  
 NAME **ANDERSON, CHARLOTTE**  
 STREET ADDRESS **1575 BARRY ROAD**  
 CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GULLETTE, KAREN**  
 STREET ADDRESS **505 N. JEFFERSON AVE.**  
 CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **LORCH, LINDA**  
 STREET ADDRESS **311 JEFFERSON AVE.**  
 CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE:

*Charlotte Anderson*

**CHARLOTTE ANDERSON** 3/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #