

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90161 022 ****61.25

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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
CLEARWATER FL 33755**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3411071**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **VD** Change Addition
NAME **BEN KUGLER**
STREET ADDRESS **2852 CHELSEA PL S.**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE **VD** Delete
NAME **FRIEDMAN, MARSHA**
STREET ADDRESS **200 DOLPHIN POINT #202**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **PD** Change Addition
NAME **MARSHA FRIEDMAN**
STREET ADDRESS **200 DOLPHIN POINT #202**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **ST** Delete
NAME **BROWN, PATTI**
STREET ADDRESS **3037 EGRET TERRACE**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **ST-D** Change Addition
NAME **PATTI BROWN**
STREET ADDRESS **303 PONCE DELEON BLVD**
CITY-ST-ZIP **BELLEAIR, FL 33756**

TITLE **D** Delete
NAME **BURGHORN, JIM**
STREET ADDRESS **12410 CHICKASAW TRAIL**
CITY-ST-ZIP **LARGO FL 33774**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 like empowered.

SIGNATURE:

Patti J. Brown **PATTI J. BROWN 4/21/2003 (727) 442-3717**

CR2E037 (10/02)

Attachment

CHERISH THE CHILDREN FOUNDATION, INC.
714 N. Fort Harrison Avenue
Clearwater, FL 33755

FEIN: 59-3411071

DOCUMENT#: N96000003743

706477103

UNIFORM BUSINESS REPORT
ATTACHEMENT #1

Block #11 – Additional:

Addition: (D)irector
Judith Kugler
2852 Chelsea PL S
Clearwater, FL 33759

Addition: (D)irector
Sheryl Schaffner
36 Windward Island
Clearwater, FL 33767