FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION -



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

N97000001113 (6)

COMMUNITIES HELPING CHILDREN FOUNDATION, INC

OFFENBERG

MENAS RO , PL 33324

FILED Apr 16 1998 8:00am Secretary of State

Principal Place of Business Malling Address 8150 WEST MCNAB ROAD #321 TAMARAC FL 33321 826	COMMICIAITIES	TILLI III OTTILOTIL		1011) 1110						
TAMARAC FL 33321 TAMARAC FL 3	Principal Place of Business	Malling Address					- 1 (00)1583 010 1811: 1801: 8011: 8811: 8811: 8811: 8811: 8811: 8811: 8811: 8811: 8811: 8811: 8811: 8811: 8811:			
2. Principal Place of Business 2a. Mailing Address 2b. Certificate of Status Desired \$8.75 Additional Fee Required \$20						/321		02/27/1997 4. FEI Number Applied For		
Suite, Apt. #, etc. Suite, Apt. #, etc.	Principal Place of Busin 1	- 					6. Certificate of Status Desired \$8.75 Additional			
City & State City & State City	Suite, Apt. #, etc.									
Personal Property Tax due June 30.	City & State									
ROCKOFF, PATRICIA 8150 WEST MCNAB ROAD #321 TAMARAC FL 33321 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City ST Code 86 ST City ST Code 87 City ST Code 88 ST City ST Code 89 ST City ST Code 80 ST City ST Code 80 ST City ST Code 81 City ST Code 82 Street Address (P.O. Box Number is Not Acceptable) 83 ST City ST Code 84 City ST Code 85 ST City ST Code 86 ST City ST Code 86 ST City ST Code 87 City ST Code 88 ST City ST Code 89 ST City ST Code 80 ST City ST Code 80 ST City ST Code 81 ST City ST Code 82 Street Address (P.O. Box Number is Not Acceptable) 84 City ST City ST Code 85 ST City ST Code 86 ST City ST Code 86 ST City ST Code 87 City ST Code 88 ST City ST Code 88 ST City ST Code 89 ST City ST Code 89 ST City ST Code 80 ST City ST Code 81 ST City ST Code 81 ST City ST Code 81 ST City ST Code 82 ST City ST Code 82 ST City ST Code 83 ST City ST Code 84 City ST Code 85 ST City ST Code 86 ST City ST Code 86 ST City ST Code 86 ST City ST Code 87 ST Code 88 ST City ST Code 89 ST City ST Code 89 ST City ST Code 80 ST City ST Code 81 ST Code 81 ST City ST Code 81 ST Code	24	25	29		_	y 		Personal Property Tax due June 30. Yes No		
ROCKOFF, PATRICIA 8150 WEST MCNAB ROAD #321 TAMARAC FL 33321 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, 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 and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGN						_		10. Name and Address of New Registered Agent		
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 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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. StGNATURE Stgnature. Typed or printed name of registered agent and title Kappicable (NOTE: Registered Agent signature required when reinetating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ROCKOFF, PATRICIA 1.1 TITLE ROCKOFF, PATRICIA 1.2 NAME STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 DELETE 1.4 CITY-ST-ZIP TAMARAC FL 33321 DELETE 2.1 TITLE Change Addition	8150 WEST MCNAB ROAD #321				63			SE Zo Code		
Signature. typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME ROCKOFF, PATRICIA STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 TAMARAC FL 33321 TO DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE 2.1 TITLE ROCKOFF, MILDRED STREET ADDRESS 8150 WEST MCNAB ROAD #321 2.2 NAME STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 2.4 CITY-ST-ZIP TITLE SD DELETE 3.1 TITLE SD Change Addition Change Addition Change Addition	1						named corp the corporati			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD ROCKOFF, PATRICIA STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 TAMARAC FL 33321 TO ROCKOFF, MILDRED STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 TAMARAC FL 33321 DELETE 21 TITLE ROCKOFF, MILDRED STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 TAMARAC FL 33321 DELETE 22 NAME 23 STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 TAMARAC FL 33321 DELETE 31 TITLE SD WOJCIK, KEN Change Addition Addition Change Addition	SIGNATURE	or printed name of registered age	ent and title if applicable	(NOTE:	: Registered Ag	peni	signature requir	ed when reinstating) DATE		
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TITLE SD DELETE 3.1 TITLE Change Addition NAME WOJCK, KEN 32 NAME	* * * * * * * * * * * * * * * * * * * *				2.3 STREE	2.3 STREET ADDRESS		·		
NAME WOJCIK, KEN 32 NAME		NC FL 33321		Vac. ere				C Charles		
		₩ P NI	y	€ DELETE	1	1		Li Unange Li Addition		
STREET ADDRESS 1 JUNIO DUJETNA VIJUA UTUVE # 33 STREET ADDRESS				•						
						3.3 SINCET ADDRESS 3.4. CITY-ST-ZIP				

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

NAME

KMOJCK 27,1998 SIGNATURE BEQU

■ Addition

Addition

Addition

Change

Change