

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90038 050 ****70.00



DOCUMENT # N9700002655
1. Entity Name
AJC CHILDREN'S FOUNDATION, INC.

Principal Place of Business Mailing Address
1501 SW 52ND TERRACE **1501 SW 52ND TERRACE**
PLANTATION FL 33317 **PLANTATION FL 33317**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

0000364

1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
65-0745178 Not Applicable

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

6. Name and Address of Current Registered Agent
WALSH, ROBERT DR.
1501 SW 52ND TERR.
PLANTATION FL 33317

7. Name and Address of New Registered Agent
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]* DATE **2-3-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALSH, ROBERT DR.	
STREET ADDRESS	1501 SW 52ND TERRACE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, SUSAN	
STREET ADDRESS	420 NE 17TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOKUCHITZ, PETER	
STREET ADDRESS	741 SW 12TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NUSSBAUM, ELLEN	
STREET ADDRESS	1464 NW 97TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33024	
TITLE	I	<input type="checkbox"/> Delete
NAME	REEVES, SHARON	
STREET ADDRESS	5260 SW 15TH PL	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALDES, SHERRILL	
STREET ADDRESS	9120 VINEYARD LAKE DRIVE	
CITY-ST-ZIP	PLANTATION FL 33324	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUZANNE BARTON	
STREET ADDRESS	2606 GRACE DRIVE	
CITY-ST-ZIP	Ft Lauderdale FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **DR ROBERT E. WALSH** DATE: **2-3-05** DAYTIME PHONE #: **954-525-2111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #