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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name 738910 (9)

INIVERSAL	AID	EOD	CHII	DDEN	INC
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UNIVERSAL AID FOR CHILDREN, INC.									
ncipal Place of Bu	usiness	Mailing Address			I FRATIS LANGU CITAL INCIDE CALACT SYNDS A	. 241 B1211 E1811	A-B-1 A-B-1 614	0.0 1891	
800 S. FEDERAL		FIRST UNION BANK BI	UILDING. 2ND	FLOOR					
ND FLOOR		1600 SOUTH FEDERAL	, HWY.						
HOLLYWOOD FL 33020		HOLLYWOOD FL 33020		3. Date Incorporated or Qualified		Date of Last Report 03/24/1995			
					05/11/1977			plied For	
Principal Place o	of Business	2a. Mailing Address			4. FEI Number 59-1739205			t Applicable	
		26						Additional	
Suite, Apt. #, etc	C.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<u> </u>	Fee Re	equired	
City & State		City & State			6. Election Campaign Financing			May Be	
Ony a Olaio		28			Trust Fund Contribution			to Fees	
Zip	Country	Zip	Coun	try	This corporation has liability for in Florida Statutes	ntangible ta TYes □	(unders.i No	99.032,	
	25	29	30		10. Name and Address of New R				
9.	Name and Address of Curren	t Hegistered Agent		81 Name					
	LARRY A		<u>}.</u>	On Street Adds	ress (P.O. Box Number is Not Acceptab	ie)			
KELLOGG, L			, ''	82 Street Addr	600 P (C) DOX (1011100) 10 (101110)	<u> </u>			
256 S.W. 10	BEACH FL 33060			83					
PUMPANU	DEAUTI FL 33000		-	B4 City			<b>85</b> Zip	Code	
			ì	) 1	ration submits this statement for the pur ord of directors. I hereby accept the app	FL	.		
Pursuant to th or registered a familiar with, a	agent, or both, in the State of Flore and accept the obligations of, Sect								
familiar with, a SNATURE	and accept the doligations of, Sectional accept the doligations of registered agent	and title if applicable (f		Agent signat ire require	ed when reinstating) ADDITIONS/CHANGES TO OFF			RS IN 12	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 Date