05101999-90176-014-$61.25-$61.25

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90176 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005167

1. Corporation Name
WE ARE THE CHILDREN INC.

586407 - 90017 - 25

Principal Place of Business	Mailing Address
2669 FOREST HILL BLVD. SUITE 212 LAKESHORE PLAZA WEST PALM BEACH FL 33406	2669 FOREST HILL BLVD. SUITE 212 LAKESHORE PLAZA WEST PALM BEACH FL 33406

2. Principal Place of Business
21 415 AVENUE A
Suite, Apt. #, etc.
22 - 204
City & State
23 FT. PIERCE, FL
Zip 24 34950 Country 25 ST. LUCIE

2a. Mailing Address
26 415 AVENUE A
Suite, Apt. #, etc.
27 - 204
City & State
28 FT. PIERCE, FL
Zip 29 34950 Country 30 ST. LUCIE

3. Date Incorporated or Qualified
09/04/1998

4. FEI Number
65 - 0856844
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Name and Address of Current Registered Agent

FORREST, ROBERT W
1213 LAKE AVE #103
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name FORREST ROBERT Wm
82 Street Address (P.O. Box Number is Not Acceptable) 415 AVE "A"
83 SUITE 204
84 City FT. PIERCE FL 85 Zip Code 34950

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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. I am familiar with and accept the obligations of, Section 617.0509, Florida Statutes.

SIGNATURE Robert Wm. Forrest 5/10/99
Signature, type 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 / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	(D) ROBERT FIRREST 415 AVE A, 204 FT PIERCE, FL 34950	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	(D) ROBERT GRANDCHAMP 301 VISCAYA CORAL GABLES, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	(T) RICHARD GARVINE 8910 KENDALL DR MIA, FL 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 added on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Wm. Forrest 5/10/99 1-561-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 466-0366

CR2E037 (11/98)