


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90022 007 ***61.25

DOCUMENT # N02000002518 1. Entity Name SPENCER CRAWFORD CHILDREN'S FOUNDATION, INC.			
Principal Place of Business 9900 WEST SAMPLE ROAD THIRD FLOOR CORAL SPRINGS, FL 33065		Mailing Address 9900 WEST SAMPLE ROAD THIRD FLOOR CORAL SPRINGS, FL 33065	
2. Principal Place of Business 9900 West Sample Rd Suite, Apt. #, etc. Suite 405 City & State Coral Springs Florida Zip _____ Country _____		3. Mailing Address 9900 West Sample Rd Suite, Apt. #, etc. Suite 405 City & State Coral Springs, Florida Zip _____ Country _____	
6. Name and Address of Current Registered Agent SEGAL & KAPLAN, P.A. 9900 WEST SAMPLE ROAD THIRD FLOOR CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Segal & Kaplan PA Street Address (P.O. Box Number is Not Acceptable) 9900 West Sample Rd Suite 405 City Coral Springs FL Zip Code 33065	
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 _____ DATE 7-5-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAWFORD, ELLEN 9900 WEST SAMPLE ROAD, THIRD FLOOR CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAWFORD, CHRISTOPHER 9900 WEST SAMPLE ROAD, THIRD FLOOR CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	Suite 405	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	McMahon, Barbara <input type="checkbox"/> Delete	Suite 405	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Secretary McMahon, Barbara 5382 Bileberry Hill LANTANA, Florida 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Treasurer Berkowitz, Ian do Berkowitz & Associates PA 2600 N. Military Trail #210 BOCA RATON, Florida 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7/5/04 Daytime Phone # 301-731-3452	

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4. FEI Number 04-3623171 Applied For Not Applicable

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