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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

716107

(8)

CHILDREN'S BUILDING, INC.

	F	FILED)
Mar	12	1998	8:00am
Se	cret	tary o	f State

CHILDI	nen's building, inc.				
Principal Plac	e of Business	Mailing Address		4 189111 (8901 11810 91101 1181 9811 1981 978	II OIBIA DIDII DIDII DIBIA BIBAI IBAI
2100 45TH STR WEST PALM BI US	REET EACH FL 33407-2009	2100 45TH STREET WEST PALM BEACH FL US	33407-2009	3. Date incorporated or Qualified 02/25/1969	
**		00		4. FEI Number	Applied For
9 00000000	New of Durings	Loc Maille a Adalyses		59-1764277	Not Applicable
21	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
I Sulte, Apt.	#. etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	Fee Required \$5.00 May 8e
22		27		Trust Fund Contribution	Added to Fees
City & State	ie	City & State		7. Is this nonprofit corporation a homeov	vners association?
23		28		☐ Yes	X No
Zip	Country	Zip	Country	8. This corporation owes or has paid the	_ ` _ `
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ඣkNo
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Register	red Agent
	- 41116411		oi Name		
	F, ALLISON F		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
	ROADWAY		83	0 45th Street	
WEST PA	ALM BEACH FL 33407			_	
			84 City	. Dala Darah	85 Zip Code 33407
11. Pursuant	to the provisions of Sections 617 (0502 and 617 1508. Florida Sta	utes the above-named co		
 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 					
•	ım familiar witri, and accept the ob	oligations of, Section 617.0503,	Florida Statutes.		
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (N	OTE: Registered Agent signature re-	quired when reinstating) DAT	E .
12.	OFFICERS /	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
12.	ĆD	AND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12 Change Addition
				ADDITIONS/CHANGES TO OFFICERS A	
TITLE	ĆD		1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME	ČD ALEXANDER, DOUGLAS I 2499 WINDSOR WAY CT. WELLINGTON FL	☐ DELETE	1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS (
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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.

N. K. Dektor Hiteland

2/1/03

rc. an 21211