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NONPROFIT **CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

151

1. Corporation Name						
TROUBLED CHILDREN'S FOUNDATION, INC.						
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Delegated Dis	and District	B.6-Illing B.d.d.				
Principal Place of Business Mailing Address						
291 E 2ND STREET 291 E 2ND STREET						3. Date Incorporated or Qualified
P O BOX 1360 HIALEAH FL 3:		P O BOX 1360 Hialeah Fl 33011				02/26/1971
The state of the s	~~	TRACESTITE 90077				4. FEI Number Applied For
						23-7097799 Not Applicable
2. Principal	Place of Business	2a. Mailing Address				5. Certificate of Status Desired Security \$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc						6. Election Campaign Financing \$5.00 May Be
22 27						Trust Fund Contribution Added to Fees
City & State City & State						7. Is this nonprofit corporation a homeowners association?
23		28				Yes No
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the current year intangible
24	25 S Name and Address of Co.	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	mi negistereo Agent		81 N	ame	10. Name and Address of New Registered Agent
Venue	01/ ID 101810		į	<u>"</u>		
YERMACK JR., JOHN S.				62 Si	treet Addre	ess (P.O. Box Number is Not Acceptable)
291 E 2ND STREET HIALEAH FL			ł	83		
NALEAN FL			Ĺ			
				84 C	ity	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	ites, the ab	ove-na	med corpo	pration submits this statement for the purpose of changing its registered
Office or agent. I i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was gations of Section 617.0503, F	authorized Iorida Statu	i by the utes.	corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE						i
12.	Signature, typed or printed name of registered ac		TE: Registered	Ageni sig	pnature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD OFFICERS AF	ND DIRECTORS DELETE	1,1 7(1	16		Change Addition
NAME	MONTANARI,A J		1.2 NA			C Statistics
STREET ADDRESS	291 E 2ND ST			reet add	RESS	
CITY-ST-ZIP	HIALEAH FL			Y-ST-ZIF		
TITLE	D	DELETE	2.1 TIT			Change Addition
NAME	MONTANARI, MARION		2.2 NA	ME		
STREET ADDRESS	291 E 2ND ST		2.3 ST	REET ADD	RESS	
CITY-ST-ZIP	HIALEAH FL		2. 4 CI	TY-S1-2	P	
TITLE	- -D -	DELETE	3.1 TIT			☐ Change ☐ Addition
NAME	BARTLETT, HILDA		3.2 NA			
STREET ADDRESS	291 E 2ND 9T			REET ADD	1	
CITY-ST-ZIP	-HIALEAH FL-	DELETE	3.4. CI	TY-ST-ZI	P	Change Addition
NAME	YERMACK, JOHN S., JR.		4. 2 NA			Change Carrier
STREET ADDRESS	1		1	reet addi	RESC	
CITY-SY-ZIP	HIALEAH FL			Y-ST-ZIF		
TITLE		☐ DELETE	5.1 TIT			Change Addition
NAME	†		5.2 NA	ME	1	ł
STREET ADDRESS	İ		5.3 STF	REET AOD	RESS	
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIF	·	
TITLE		☐ DELETE	6.1 TIT	LE		☐ Change ☐ Addition
NAME			6.2 NA	ME		
STREET ADDRESS	İ		6.3 STF	REET ADD	RESS	ł
CITY-ST-ZIP	andily that the information are all and	with this filling does to great		Y-ST-ZIF		Continue 440 07/07/1) Florido Chabuso I funta a contifu that the later state
I DATADY	CHRONY TRULI INFLINIORMATION SUDDITION	varrans mino dobs not dubiav i	KUT ITIB BXAI	monon	പ്രവാധ വ	Section 119.07(3)(i). Florida Statutes, I further certify that the information

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the informatio 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 that the information stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated 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 of 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 of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or supplied with an anonation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the receiver of the receiver of the receiver of the receiver of the receiver o

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May 06 1998 8:00am

Secretary of State