

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726525** (9)
1. Corporation Name
CHILD INTERNATIONAL, INC.



Principal Place of Business C/O WALKER 246 W TAMPA AVE VENICE FL 34285	Mailing Address C/O WALKER 246 W TAMPA AVE VENICE FL 34285
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3. Date Incorporated or Qualified 05/28/1973
4. FEI Number 23-7292206
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 3435 B MORTON DR Suite, Apt. #, etc. 22 301B City & State 23 PENNEY FARMS Zip 24 32079 Country 25 USA	2a. Mailing Address 26 PO BOX 472 Suite, Apt. #, etc. 27 City & State 28 PENNEY FARMS Zip 29 32079 Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WALKER, VERA S
999 INLET CIRCLE
APT. 203A
VENICE FL 34285**

10. Name and Address of New Registered Agent

81 Name HARRY L. BRYANT
82 Street Address (P.O. Box Number Is Not Acceptable) 3435 B MORTON DR
83 301B
84 City PENNEY FARMS FL 85 Zip Code 32079

11. 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.

SIGNATURE *[Signature]* **HARRY L. BRYANT** DATE **4-28-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WALKER, VERA S 999 INLET CIRCLE VENICE, FL 00000	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRYANT, CLAIRE S 3435 MORTON DR APT B PENNEY FARMS FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRYANT, JEFFERY S. 32 TALBOT STREET SALINAS CA	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	4718 HARRIS ST. SARASOTA, FL 34233	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: *[Signature]* **CLAIRE S. BRYANT** REQUIRED **CLAIRE S. BRYANT 4-28-98 284-8150**

CP2E037 (10/97)