


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT</b><br><b>1997</b>   |   |  |   | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # 731626 (8)</b><br>1. Corporation Name<br><b>CHILDREN'S CRUSADE FOR PEACE, INC.</b>  |   |   |   |   |  |
| Principal Place of Business   |   |   | Mailing Address                                       |   |  |
| 2000 N.E. 55TH ST.<br>FT. LAUDERDALE FL 33308   |   |   | 2000 N.E. 55TH ST.<br>FT. LAUDERDALE FL 33308-3153    |   |  |
| 2. Principal Place of Business  |   | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified   |  |
| 21 Suite, Apt #, etc.   |   | 26 Suite, Apt #, etc.   |   | 01/17/1975  |  |
| 22 City & State   |   | 27 City & State   |   | 3a. Date of Last Report   |  |
| 23 Zip Country  |   | 28 Zip Country  |   | 06/14/1996  |  |
| 24  |   | 25  |   | 29  |  |
| 29  |   | 30  |   | 30  |  |
| 9. Name and Address of Current Registered Agent   |   |   | 10. Name and Address of New Registered Agent          |   |  |
| <b>JANSEN, PHILIP PA</b><br><b>1749 N E 26TH ST STE E</b><br><b>WILTON MANORS FL 33305</b>  |   |   | 81 Name   |   |  |
|   |   |   | 82 Street Address (P.O. Box Number is Not Acceptable) |   |  |
|   |   |   | 83  |   |  |
|   |   |   | 84 City   |   |  |
|   |   |   | 85 Zip Code   |   |  |
|   |   |   | FL  |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)  |   |   |   |   |  |
| DATE _____  |   |   |   |   |  |
| 12. OFFICERS AND DIRECTORS  |   |   |   |   |  |
| TITLE   | DV <input type="checkbox"/> DELETE                                |   |   |   |  |
| NAME  | MONACO, CARMEN M  |   |   |   |  |
| STREET ADDRESS  | 2000 NE 55TH ST   |   |   |   |  |
| CITY - ST - ZIP   | FT LAUDERDALE, FL 00000   |   |   |   |  |
| TITLE   | PD <input type="checkbox"/> DELETE                                |   |   |   |  |
| NAME  | CERAVOLO, FRANK J   |   |   |   |  |
| STREET ADDRESS  | 1971 E COMMERCIAL BLVD  |   |   |   |  |
| CITY - ST - ZIP   | FT LAUDERDALE, FL 00000   |   |   |   |  |
| TITLE   | DT <input type="checkbox"/> DELETE                                |   |   |   |  |
| NAME  | MONACO, ROBERT  |   |   |   |  |
| STREET ADDRESS  | 7625 N.W. 79TH AVE#202  |   |   |   |  |
| CITY - ST - ZIP   | TAMARAC FL  |   |   |   |  |
| TITLE   | <input type="checkbox"/> DELETE                                   |   |   |   |  |
| NAME  |   |   |   |   |  |
| STREET ADDRESS  |   |   |   |   |  |
| CITY - ST - ZIP   |   |   |   |   |  |
| TITLE   | <input type="checkbox"/> DELETE                                   |   |   |   |  |
| NAME  |   |   |   |   |  |
| STREET ADDRESS  |   |   |   |   |  |
| CITY - ST - ZIP   |   |   |   |   |  |
| TITLE   | <input type="checkbox"/> DELETE                                   |   |   |   |  |
| NAME  |   |   |   |   |  |
| STREET ADDRESS  |   |   |   |   |  |
| CITY - ST - ZIP   |   |   |   |   |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |   |   |   |  |
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |   |  |
| 1.2 NAME  |   |   |   |   |  |
| 1.3 STREET ADDRESS  |   |   |   |   |  |
| 1.4 CITY - ST - ZIP   |   |   |   |   |  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |   |  |
| 2.2 NAME  |   |   |   |   |  |
| 2.3 STREET ADDRESS  |   |   |   |   |  |
| 2.4 CITY - ST - ZIP   |   |   |   |   |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |   |  |
| 3.2 NAME  |   |   |   |   |  |
| 3.3 STREET ADDRESS  |   |   |   |   |  |
| 3.4 CITY - ST - ZIP   |   |   |   |   |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |   |  |
| 4.2 NAME  |   |   |   |   |  |
| 4.3 STREET ADDRESS  |   |   |   |   |  |
| 4.4 CITY - ST - ZIP   |   |   |   |   |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |   |  |
| 5.2 NAME  |   |   |   |   |  |
| 5.3 STREET ADDRESS  |   |   |   |   |  |
| 5.4 CITY - ST - ZIP   |   |   |   |   |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |   |  |
| 6.2 NAME  |   |   |   |   |  |
| 6.3 STREET ADDRESS  |   |   |   |   |  |
| 6.4 CITY - ST - ZIP   |   |   |   |   |  |
| 14. I do 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: <u>Robert Monaco</u> <b>REQUIRED</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |   |   |  |
| Date: <u>5/14/97</u> Daytime Phone #: <u>954-491-8364</u>   |   |   |   |   |  |

CP2E037 (9/96)