

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **744564** (6)

1. Corporation Name  
**COMMUNITY CHILDREN'S COMMITTEE INC.**



Principal Place of Business <b>7523 ALOMA AVENUE WINTER PARK FL 32799 US</b>	Mailing Address <b>7523 ALOMA AVENUE 108 WINTER PARK FL 32792 US</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3039 Riverdale Rd.</b>		2a. Mailing Address <b>26 3039 Riverdale Rd.</b>		3. Date Incorporated or Qualified <b>10/12/1978</b>		3a. Date of Last Report <b>03/26/1996</b>	
Sulte, Apt. #, etc. <b>22</b>		Sulte, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-1856823</b>		Applied For Not Applicable	
City & State <b>23 Orlando, FL.</b>		City & State <b>28 Orlando, FL.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24 32817</b>		Country <b>25 US</b>		Zip <b>29 32817</b>		Country <b>30 US</b>	
9. Name and Address of Current Registered Agent <b>JACKSON, DARRELL L 7910 SHOALS DRIVE APT. B ORLANDO FL 32817</b>				10. Name and Address of New Registered Agent <b>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3039 Riverdale Rd 83 84 City Orlando</b>			
				<b>85 Zip Code FL 32817</b>			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>JACKSON, DARRELL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JACKSON, DARRELL</b>		1.2 NAME	
STREET ADDRESS <b>7910 SHOAL DRIVE APT B</b>		1.3 STREET ADDRESS <b>3039 Riverdale Rd.</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		1.4 CITY-ST-ZIP <b>Orlando, FL 32817</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBINSON, TERRY L</b>		2.2 NAME	
STREET ADDRESS <b>1190 S RARITAN STREET APT 1</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>DENVER CO</b>		2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TAYLOR, RICHARD A</b>		3.2 NAME	
STREET ADDRESS <b>108 RABUN COURT</b>		3.3 STREET ADDRESS <b>345 Hidden Lake Dr</b>	
CITY-ST-ZIP <b>SANFORD FL</b>		3.4 CITY-ST-ZIP <b>SANFORD FL 32773</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E037 (4/97)