


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90122 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 753113					
1. Corporation Name CHRISTIANS CARING FOR CHILDREN, INC.					
Principal Place of Business 118 S.E. 1ST AVE. DANIA FL 33004			Mailing Address 118 S.E. 1ST AVE. DANIA FL 33004		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/25/1980	
				4. FEI Number 59-1935348	
				Applied For Not Applicable	
				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	

9. Name and Address of Current Registered Agent WENKSTERN, GRANT E. 2190 S.E. 17TH STREET, SUITE 225 FT. LAUDERDALE FL				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	P	LUDWIG, RUTH		1.1 TITLE			
NAME		710 N.W. 8TH AVENUE		1.2 NAME			
STREET ADDRESS		DANIA FL		1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		GEORGE, ALICE		2.2 NAME			
STREET ADDRESS		5000 S. W. 29TH TERRACE		2.3 STREET ADDRESS			
CITY-ST-ZIP		FT. LAUDERDALE FL		2.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		QUILLEN, JUDY		3.2 NAME	TD Sullivan, William		
STREET ADDRESS		970 NAUTILUS ISLE		3.3 STREET ADDRESS	5881 SW 36 Terr.		
CITY-ST-ZIP		DANIA FL		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		QUILLEN, BARBARA		4.2 NAME			
STREET ADDRESS		970 NAUTILUS ISLE		4.3 STREET ADDRESS			
CITY-ST-ZIP		DANIA FL		4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		HILL, JEANINE		5.2 NAME			
STREET ADDRESS		216 S.W.		5.3 STREET ADDRESS			
CITY-ST-ZIP		DANIA FL		5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		PALLAVICINI, MARIE T		6.2 NAME			
STREET ADDRESS		206 NE 2 PLACE		6.3 STREET ADDRESS			
CITY-ST-ZIP		DANIA FL 33004		6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:

Barbara L Quillen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA L Quillen 4/15/98

Date

Daytime/Phone #

954-922-4449

CR2E037 (11/98)