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FILED

Jan 30 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 # **753549** (5)

1. Corporation Name

SCORE FOR A CHILD, INC.



Principal Place of Business 3720 ALLENWOOD C/O MARJORIE A. BALDWIN SARASOTA FL 34232	Mailing Address 3720 ALLENWOOD C/O MARJORIE A. BALDWIN SARASOTA FL 34232
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3. Date Incorporated or Qualified

07/30/1980

4. FEI Number

59-2033604

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BALDWIN, MARJORIE A.
3720 ALLENWOOD ST.
SARASOTA FL 34232**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Marjorie A. Baldwin
Signature, typed or printed name of registered agent and title if applicable.

MARJORIE A. BALDWIN

1-10-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TUCKER, LESLIE H., JR.	
STREET ADDRESS	2180 9TH ST.	
CITY-ST-ZIP	SARASOTA FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BALDWIN, MARJORIE A.	
STREET ADDRESS	3720 ALLENWOOD	
CITY-ST-ZIP	SARASOTA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	METCALFE, ELLIOTT	
STREET ADDRESS	3233 N. SECLUSION	
CITY-ST-ZIP	SARASOTA FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	NOYES, KIMBERLY A	
STREET ADDRESS	3041 CONCORD ST.	
CITY-ST-ZIP	SARASOTA FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	TIMMERMAN, PETER	
STREET ADDRESS	2620 S TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FUREN, MICHAEL	
STREET ADDRESS	33 SANDY COVE RD	
CITY-ST-ZIP	SARASOTA FL	

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 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:

Marjorie A. Baldwin

1-10-98

941-955-5865

CR2E037 (10/97)