FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:27

DOCUMENT # 755411 (6)

1. Corporation Name
THE CHILDRENS CONSORTIUM, INC.

Principal Place of Business	Mailing Address
1300 SOUTH ANDREWS AVE P.O. BOX 21847 FT LAUDERALE FL 33335 US	1300 SOUTH ANDREWS AVE P.O. BOX 21847 FT LAUDERALE FL 33335 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1980
3a. Date of Last Report: 11/28/1994
4. FEI Number: 59-2304134 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CURRANT, MARSHA
115 S. ANDREWS AVENUE
ROOM 324-A
FT. LAUDERDALE FL 33301

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE MARSHA CURRANT 1-27-95
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	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, LAURA	1.2 NAME	
STREET ADDRESS	333 SW 28 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WEINSTEIN, BARBARA	2.2 NAME	
STREET ADDRESS	840 SW 81 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BLAKE, BETSY	3.2 NAME	
STREET ADDRESS	1215 SE 2 AVE #101	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BOSTICK, KEITH	4.2 NAME	
STREET ADDRESS	4720 N STATE RD 7	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	MYRICK, BARBARA J	5.2 NAME	
STREET ADDRESS	1038 NE 4 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ACEVEDO-RENNIE, JEAN	6.2 NAME	
STREET ADDRESS	4801 S UNIVERSITY DR. #243	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33328	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Barbara J. Myrick BARBARA J. MYRICK 1-27-95 305 768-1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047401