2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 31, 2002 8:00 am
Secretary of State
02-11-2002 90014 039 ****70.00

DOCUMENT # 755411

1. Entity Name

THE CHILDRENS CONSORTIUM, INC.

Principal Place of Business	Mailing Address
819 NE 26TH STREET FT LAUDERDALE FL 33305 US	819 NE 26TH STREET FT LAUDERDALE FL 33305 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4720 N. State Road 7	4720 N. State Road 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, Florida	City & State: Ft. Lauderdale, Florida
Zip: 33319 Country: U.S	Zip: 33319 Country: U.S.

4. FEI Number: 59-2304134 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OKRENT, ELLYN C/O KIDS IN DISTRESS 819 NE 26TH ST FT LAUDERDALE FL 33305	Name: Julie Radlauer Street Address (P.O. Box Number is Not Acceptable): c/o Henderson Mental Health Center 4720 N. State Road 7 City: Ft. Lauderdale, FL Zip Code: 33319

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ 1-20-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OKRENT, ELLYN C/O KIDS IN DISTRESS, 819 NE 26TH ST FORT LAUDERDALE FL 33305	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President Julie Radlauer c/o Henderson Mentalhealth 4720 N. St. Rd. 7 Ft. Lauderdale, FL 33319	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUTCHER, IRENE % YMCA, 5100 N. FED. HWY STE 300B FORT LAUDERDALE FL 33308	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vice President Howard Bakalar 840 S.W. 81 Ave N. Lauderdale, FL 33068	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BECKER, NANCY 915 MIDDLE RIVER DR FT LAUDERDALE FL 33304	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Secretary Renee Cundiff 2421 A.S.W. 6 Ave Ft. Lauderdale, FL 33315	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAUDLAUER, JULIE 4720 N STATE ROAD 7 FT LAUDERDALE FL 33319	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Treasurer Nancy Becker 915 Middle River Dr. Ste 111 Ft. Lauderdale, FL 33304	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if* changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Julie Radlauer 1/20/02 (954)731-5100 x3056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #