


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 25 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 765551 (7)

1. Corporation Name
CHILDREN'S RIGHTS OF AMERICA, INC.



| | |
|---|--|
| Principal Place of Business 8735 DUNWOODY PLACE SUITE 6 ATLANTA GA 30350 US | Mailing Address 8735 DUNWOODY PLACE SUITE 6 ATLANTA GA 30350-2895 US |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/26/1982 | 3a. Date of Last Report 09/20/1996 |
|--|--|

| | |
|---|--|
| 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 |
|---|--|

| | |
|------------------------------------|--|
| 4. FEI Number 59-2261769 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> XX | \$8.75 Additional Fee Required |
|--|--------------------------------|

| | |
|--|-----------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|-----------------------------|

| |
|--|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|

9. Name and Address of Current Registered Agent

PARSLEY, CAROL
11722 CURRIE LN.
#12
LARGO FL 34644

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number Is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

| | |
|----------------|---|
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | BARNARD, NANCI |
| STREET ADDRESS | RR1, BOX 46 |
| CITY-ST-ZIP | OKTOWN IN 47561 |
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | ROSENTHAL, KATHERYN |
| STREET ADDRESS | 8735 DUNWOODY PL #6 |
| CITY-ST-ZIP | ATLANTA GA 30350 |
| TITLE | DTV <input checked="" type="checkbox"/> DELETE |
| NAME | PINO, MICHAEL |
| STREET ADDRESS | 8275 JACARANDA AVE. NO. |
| CITY-ST-ZIP | SEMINOLE FL 34641 |
| TITLE | DS <input checked="" type="checkbox"/> DELETE |
| NAME | BRICKER, SANDIE |
| STREET ADDRESS | 1341 E ORANGE GROVE BLVD #8 |
| CITY-ST-ZIP | PASADENA CA 91104 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | ZANDER, CARL |
| STREET ADDRESS | 2650 S 46TH ST., #102 |
| CITY-ST-ZIP | PHOENIX AZ 85082 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | JOHNSON, DAVID |
| STREET ADDRESS | BOX 28676 N/A |
| CITY-ST-ZIP | ATLANTA GA 30328 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Jim Voss |
| 1.3 STREET ADDRESS | 1729 Fairfax |
| 1.4 CITY-ST-ZIP | Barnhart, MO 63012 |
| 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 | VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Sue Bell |
| 3.3 STREET ADDRESS | 2906 Webb Bridge Road |
| 3.4 CITY-ST-ZIP | Alpharetta, GA 30201 |
| 4.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Aubrey Osteen |
| 4.3 STREET ADDRESS | 1321 Hemingway Lane |
| 4.4 CITY-ST-ZIP | Roswell, GA 30076 |
| 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 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.

SIGNATURE: *[Handwritten Signature]* _____

CR2E037 (9/96)