

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 US

2. Principal Place of Business: 21 500 SUGAR MILL ROAD, Suite, Apt. #, etc. 22 BLDB B, SUITE 220, City & State 23 ATLANTA, GA, Zip 24 30350, Country 25 FULTON  
2a. Mailing Address: 26 500 SUGAR MILL ROAD, Suite, Apt. #, etc. 27 BLDB B, SUITE 220, City & State 28 ATLANTA, GA, Zip 29 30350, Country 30 FULTON

3. Date Incorporated or Qualified: 10/26/1982  
4. FEI Number: 59-2261769, 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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	VOSS, JIM	
STREET ADDRESS	1729 FAIRFAX	
CITY-ST-ZIP	BARNHART MO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, KATHERYN	
STREET ADDRESS	8735 DUNWOODY PL #6	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BELL, SUE	
STREET ADDRESS	2906 WEBB BRIDGE ROAD	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OSTEEN, AUBREY	
STREET ADDRESS	1321 HEMINGWAY LANE	
CITY-ST-ZIP	ROSWELL GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZANDER, CARL	
STREET ADDRESS	2850 S 46TH ST., #102	
CITY-ST-ZIP	PHOENIX AZ 85082	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, DAVID	
STREET ADDRESS	BOX 28876 N/A	
CITY-ST-ZIP	ATLANTA GA 30328	

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 checked="" type="checkbox"/> Addition
6.2 NAME	D GIMON, ALEXANDER
6.3 STREET ADDRESS	655 ULMERTON RD, SUITE 7C
6.4 CITY-ST-ZIP	LARGO, FL 34641

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 \_\_\_\_\_

CR2E037 (10/97)