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May 06 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 # 846308 (5)

1. Corporation Name

SAVE THE CHILDREN FEDERATION, INCORPORATED



Principal Place of Business

Mailing Address

54 WILTON RD  
WESTPORT CT 06880

ATTN: ANDREA WILLIAMSON-HUGHES  
54 WILTON RD  
WESTPORT CT 06880-3108

3. Date Incorporated or Qualified  
06/24/1980

3a. Date of Last Report  
10/03/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
06-0726487

Applied For  
Not Applicable

21. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

23. Zip Country

28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

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  
NAME MACCORMACK, CHARLES F  
STREET ADDRESS 95 NORTH ST  
CITY-ST-ZIP EASTON CT

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE T  
NAME SULLIVAN, HELENE  
STREET ADDRESS 281 WESTPORT RD.  
CITY-ST-ZIP WILTON CT

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VS  
NAME PALLADINO, DONALD J  
STREET ADDRESS 11 OLD HILL RD  
CITY-ST-ZIP WESTPORT CT

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME HALABY, NAJEEB E  
STREET ADDRESS 800 TOWERS CRESCENT DRIVE  
CITY-ST-ZIP VIENNA VA

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME HERMAN, CATHERINE  
STREET ADDRESS 295 SAUGATUCK AVENUE  
CITY-ST-ZIP WESTPORT CT

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME MILLER, HENRY  
STREET ADDRESS 31 W 52ND ST  
CITY-ST-ZIP NEW YORK NY

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

D Tina Georgeon  
1 Dag Hammarskjold Plaza  
NY NY 10017

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.

CR2E037 (9/96)

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221-4195