

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90095 030 ****61.25

UBR0307

DOCUMENT # F02000003018



1. Entity Name
CHALLENGE FOR THE CHILDREN, INC.

Principal Place of Business Mailing Address
P. BAKER -SHENK, DORSEY & WHITNEY, LLP **P. BAKER -SHENK, DORSEY & WHITNEY, LLP**
1001 PENNSYLVANIA AVE. NW, SUITE 400 SOUTH **1001 PENNSYLVANIA AVE. NW, SUITE 400 SOUTH**
WASHINGTON DC 20004 **WASHINGTON DC 20004**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **13-4107429** 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PCT	<input type="checkbox"/> Delete
NAME	BASS, LANCE	
STREET ADDRESS	7680 UNIVERSAL BOULEVARD, WEG #500	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FATONE, JOSEPH A JR.	
STREET ADDRESS	7680 UNIVERSAL BOULEVARD, WEG #500	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VC	<input type="checkbox"/> Delete
NAME	CHASEZ, JOSHUA S	
STREET ADDRESS	7680 UNIVERSAL BOULEVARD, WEG #500	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKPATRICK, CHRISTOPHER A	
STREET ADDRESS	7680 UNIVERSAL BOULEVARD, WEG #500	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIMBERLAKE, JUSTIN R	
STREET ADDRESS	7680 UNIVERSAL BOULEVARD, WEG #500	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **2/18/03** **407-826-9100**

CR2E037 (10/02)