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May 13 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 # F93000001266 (6)

1. Corporation Name

DISABLED CHILDREN'S RELIEF FUND INC.



Principal Place of Business

Mailing Address

402 PENNSYLVANIA AVENUE
FREEPORT NY 11520
US

402 PENNSYLVANIA AVENUE
FREEPORT NY 11520-1034
US

3. Date Incorporated or Qualified
04/12/1993

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 ST
NAME HUTCHESON, KENNETH A
STREET ADDRESS 7 FAIRWAY CT. EAST
CITY-ST-ZIP W. BAY SHORE NY

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

TITLE D
NAME FELLMAN, MALCOLM
STREET ADDRESS 123 E. ROGUES PATH
CITY-ST-ZIP HUNTINGTON STATION NY 11746

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

TITLE D
NAME NAVARRO, GEORGE
STREET ADDRESS 158 LINCOLN AVENUE
CITY-ST-ZIP ROCKVILLE CENTRE NY

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

TITLE D
NAME RABER, NORMAN
STREET ADDRESS 545 E. PARK AVE.
CITY-ST-ZIP LONG BEACH NY 11561

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

TITLE DP
NAME BLUE, JEROME H. P
STREET ADDRESS 402 PENNSYLVANIA AVENUE
CITY-ST-ZIP FREEPORT NY

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE DIRECTOR
6.2 NAME E. DAVID WOYCIK, JR
6.3 STREET ADDRESS 29 LOCUST STREET
6.4 CITY-ST-ZIP GARDEN CITY, NEW YORK 11530

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:

SIGNATURE REQUIRED

Jerome H. Blue, President 4/25/97(516-377-1605)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075143

CR2E037 (9/96)