

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90174 011 ****70.00

DOCUMENT # F93000001266

1. Corporation Name ---
DISABLED CHILDREN'S RELIEF FUND INC.

Principal Place of Business Mailing Address
402 PENNSYLVANIA AVENUE **402 PENNSYLVANIA AVENUE**
FREEPORT NY 11520 **FREEPORT NY 11520**
US **US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/12/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		11-3010226	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE	ST	<input type="checkbox"/> DELETE
NAME	HUTCHESON, KENNETH A	
STREET ADDRESS	7 FAIRWAY CT. EAST	
CITY-ST-ZIP	W. BAY SHORE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELLMAN, MALCOLM	
STREET ADDRESS	96 FAIRWAY VIEW DRIVE	
CITY-ST-ZIP	COMMACK NE 11725	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NAVARRO, GEORGE	
STREET ADDRESS	158 LINCOLN AVENUE	
CITY-ST-ZIP	ROCKVILLE CENTRE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOYCIK, DAVID E JR.	
STREET ADDRESS	29 LOCUST ST.	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BLUE, JEROME H. P	
STREET ADDRESS	402 PENNSYLVANIA AVENUE	
CITY-ST-ZIP	FREEPORT NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE **SIGNATURE REQUIRED** **Jerome H. Blue** President April 15, 1999 (516-377-1605)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)