

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006218 (1)

1. Corporation Name

CHANCES FOR CHILDREN, INC.

Principal Place of Business

500 FIFTH AVE.
SUITE 3600
NEW YORK NY 10110
US

Mailing Address

500 FIFTH AVE.
SUITE 3600
NEW YORK NY 10110
US



3. Date Incorporated or Qualified
12/06/1994

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 1290 AVE OF THE AMERICAS

26 1290 AVE OF THE AMERICAS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SIXTH FLOOR

27 SIXTH FLOOR

City & State

City & State

23 NEW YORK NY

28 NEW YORK NY

Zip

Country

Zip

Country

24 10104

25 US

29 10104

30 US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HER ROYAL HIGHNESS, THE DUCHESS OF YORK
STREET ADDRESS BUCKINGHAM PALACE, LONDON 8WA 1AA ENGLAND
CITY-ST-ZIP OUT OF COUNTRY

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME GALLAHER, CHRISTINE
STREET ADDRESS 230 E. 75TH ST.
CITY-ST-ZIP NEW YORK NY 10012

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D ☒ DELETE
NAME DE SELLERS, BABY
STREET ADDRESS 20 N MOORE ST
CITY-ST-ZIP NEW YORK NY 10012

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S ☐ DELETE
NAME MICHAELS, JOSEPH
STREET ADDRESS 330 MADISON AVE
CITY-ST-ZIP NEW YORK NY 10017

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13th JUNE 1996

CR2E037 (12/95)