

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF
Sandra B. Mc
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY -6 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006218 (1)

1. Corporation Name

CHANCES FOR CHILDREN, INC.



Principal Place of Business

Mailing Address

**1290 AVE OF THE AMERICAS
6TH FLOOR
NEW YORK NY 10110
US**

**1290 AVE OF THE AMERICAS
6TH FLOOR
NEW YORK NY 10104-0199
US**

3. Date Incorporated or Qualified
12/06/1994

3a. Date of Last Report
06/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

10104

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **THE DUCHESS OF YORK**
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **100002168261-1**
2.3 STREET ADDRESS **-05/06/97--0114--025**
2.4 CITY - ST - ZIP *******61.25 *****61.25**

TITLE **D** ☐ DELETE
NAME **GERARD, JAMES**
STREET ADDRESS **1675 BROADWAY**
CITY - ST - ZIP **NEW YORK NY**

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone # 0075129

CR2E037 (9/96)

Christine Ward 2 April 1997