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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000000912 (4)

1. Corporation Name

CHILD WELFARE INSTITUTE, INC.



Principal Place of Business

Mailing Address

1349 W. PEACHTREE ST.
SUITE 900
ATLANTA GA 30309

1349 W. PEACHTREE ST.
SUITE 900
ATLANTA GA 30309-2956

3. Date Incorporated or Qualified
02/24/1995

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1392972

Applied For

Not Applicable

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

BLACK, JANET
2107 DELTA WAY
TALLAHASSEE FL 32303-4209

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 AD ☐ DELETE
NAME PETRUS, FRANK
STREET ADDRESS 1349 WEST PEACHTREE STREET NE
CITY-ST-ZIP ATLANTA GA

1.1 TITLE DEPUTY EXECUTIVE DIRECTOR ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME HOLLAND, DEBORAH
STREET ADDRESS 2 GATEWAY CENTER
CITY-ST-ZIP PITTSBURGH PA

2.1 TITLE SECRETARY ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BUDLONG, MICHAEL
STREET ADDRESS 1349 W. PEACHTREE ST., N.E.
CITY-ST-ZIP ATLANTA GA 30309

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

TITLE T ☐ DELETE
NAME YUEN, YUESEN
STREET ADDRESS 1979 SUTTER STREET
CITY-ST-ZIP SAN FRANCISCO CA

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

TITLE D ☒ DELETE
NAME HOLLAND, DEBORAH
STREET ADDRESS 2 GATEWAY CENTER
CITY-ST-ZIP PITTSBURGH PA 15222

5.1 TITLE CHAIRPERSON ☐ Change ☒ Addition
5.2 NAME Frank Kaiser
5.3 STREET ADDRESS 708 Duncan Avenue, Apt. 1101
5.4 CITY-ST-ZIP Pittsburgh, PA 15237

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE PRESIDENT ☐ Change ☒ Addition
6.2 NAME Thomas D. Morton
6.3 STREET ADDRESS 1349 W. Peachtree Street, NE, Ste 900
6.4 CITY-ST-ZIP Atlanta, GA 30309

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.

CP2E037 (9/96)