

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90049 042 ****61.25

DOCUMENT # F95000000912

1. Entity Name
CHILD WELFARE INSTITUTE, INC.



Principal Place of Business
**3950 SHACKLEFORD ROAD
SUITE 175
DULUTH, GA 30096 US**

Mailing Address
**3950 SHACKLEFORD ROAD
SUITE 175
DULUTH, GA 30096 US**

44002709



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
56-1392972

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BLACK, JANET
2107 DELTA WAY
TALLAHASSEE, FL 32303-4209**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WELSH, CATHERINE
1349 WEST PEACHTREE STREET NE
ATLANTA, GA 30309** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3950 Shackleford Road, Ste. 175
Duluth, GA 30096** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CALICA, RICHARD
1707 N HALSTED
CHICAGO, IL 60614** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
YUEN, YUESEN
1979 SUTTER STREET
SAN FRANCISCO, CA** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Chairperson
Sheryl Brissett-Chapman
6301 Greentree Road
Bethesda, MD 20817** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KELLY, RALPH
1025 CAPITAL CENTER DRIVE
FRANKFORT, KY 40601** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Lester Coffey
4720 Montgomery Lane, Ste. 1050
Bethesda, MD 20814** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MORTON, THOMAS D
3950 SHACKLEFORD ROAD SUITE 175
DULUTH, GA 30096** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas D. Morton* **Thomas D. Morton**

1/7/2004

770/935-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #