

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
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90006 010 ****61.25

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Corporation Name

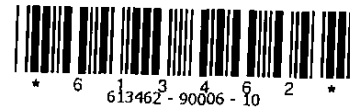
CHILDREN'S DEFENSE FUND, INC

Principal Place of Business

Mailing Address

25 E ST NW
WASHINGTON DC
20001

25 E ST NW
WASHINGTON DC 20001



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
City & State	City & State	5. Certificate of Status Desired
Zip	Zip	6. Election Campaign Financing
Country	Country	Trust Fund Contribution
25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS					
E	P	MARIAN W. EDELMAN	<input type="checkbox"/> DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
EE		25 E ST NW		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		WASHINGTON DC 20001		1.2 NAME	
E			<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	
EE				1.4 CITY-ST-ZIP	
ST-ZIP				2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
E			<input checked="" type="checkbox"/> DELETE	2.2 NAME	JODIE TOKKELSON
EE				2.3 STREET ADDRESS	25 E ST NW
ST-ZIP				2.4 CITY-ST-ZIP	WASHINGTON DC 20001
E			<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
EE				3.2 NAME	LAURA DROMERICK
ST-ZIP				3.3 STREET ADDRESS	25 E ST NW
E			<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	WASHINGTON DC 20001
EE				4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP				4.2 NAME	SUBANNE MARTINEZ
E	D	LEONARD S. COLEMAN	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	25 E ST NW
EE		350 PARK AVE, 18TH FLOOR		4.4 CITY-ST-ZIP	WASHINGTON DC 20001
ST-ZIP		NEW YORK, NY 10022		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E	D	MAUREEN COGAN	<input type="checkbox"/> DELETE	5.2 NAME	
EE		25 E ST NW		5.3 STREET ADDRESS	
ST-ZIP		WASHINGTON DC 20001		5.4 CITY-ST-ZIP	
E			<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EE				6.2 NAME	
ST-ZIP				6.3 STREET ADDRESS	
E				6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/99

Date

202-662-3622

Daytime Phone #

CR2E037 (11/98)