MOUNT DUE ON OR BEFORE 8/1/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTÂTE: \$236.25.) NONPROFIT CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS											
DOCUMENT # F9500004173 (9) CLINTON HILL'S KIDS FOR SAVING EARTH WORLDWIDE C ORP.							* (08)(08)	n Afric Báice	1 1 11 11 11 11 11 11 11 11 11 11 11 11 1	11 5 11 1 166	. 11(1) 1 0.
	of Dusings		Add								
Principal Place of Business Mailing Address 5425 PINEVIEW LANE PLYMOUTH MN 55442 PLYMOUTH MN 55442											
							3. Date Incorporated or Qualified 08/28/1995	3a . Da	te of La	st Report	t
2. Principal Pla	ice of Business	 	2a. Mailing Address				4. FEI Number Applied F				
Suite. Apt. #	etc	Suite, Apt. #, etc.					41-1791687		\$8.7	Not Ap	
27 City & State City & State 28							5. Certificate of Status Desired	Fee Required			
							Election Campaign Financing Trust Fund Contribution			00 May led to Fe	
Zip Country Zip 25 29					intry	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Currer	t Register	ed Agent		_		10. Name and Address of New Re	gistered /	gent		
					81	Name					
	PRPORATION SYSTEM OUTH PINE ISLAND ROAD				82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		·	
	ATION FL 33324				83						
					84	City			65	Zip Code	 e
		.,,=						<u> </u>	1 1	•	
 Pursuant to office or re 	o the provisions of Sections 617.050 gistered agent, or both, in the State	2 and 617. of Florida	1508, Florida Statuti Such change was a	es, the ab authorized	iove i by	 named corp the corporati 	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of a t the appo	changing ntment a	g its regis as registe	slered ered
	n familiar with, and accept the obliga	ations of, S	ection 617.0503, Fig	orida Stati	utes						
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if a	pplicable (NO1	E Registere	d Age	ent signature requi	ired when re-estating)	DATE			
12.	OFFICERS AN	D DIRECT		13.			ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	PC		DELETE	1.1 Ti					Char	ige [Additio
NAME	HILL, THERESA G			1.2 N							
STREET ADDRESS	5425 PINEVIEW LANE					ADDRESS					
CITY-ST-ZIP	PLYMOUTH MN 55442		DELETE	_		ST-ZIP			Char	100	Additio
TITLE	ST GVENGON ANN E		[Decent	2.1 Ti						,a, [1
NAME CYPTET ADORESE	SVENSON, ANN E 13620 60TH PLACE NORTH	4		2.2 N		ADDRECT					
STREET ADDRESS		•				ADDRESS					
CITY-SI-ZIP	PLYMOUTH MN 55446		DELETE		_	ST-ZIP			Char	nne T	Additio
TITLE	-			3.1 TI						.a. [1 Unantitul
NAME	WATTS, ANN L	יומרי ב		32 N							
STREET ADDRESS	12110 RUNNING BROOK C	INULE		1		ADDRESS					
CITY-ST-ZIP	MIDLOTHIAN VA 23113		DELETE			ST-ZIP			Char	770	Additio
TITLE			FTI percue	4.1 TITLE 4. 2 NAME					L 6181	-gu	1 Maditio
NAME	LARSON, GOODMAN										
STREET ADDRESS	4801 DIANE DRIVE					I ADDRESS					
CITY-ST-ZIP	HOPKINS MN 55343		I be ere			ST-ZIP			10-	200	T Annua -
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NAME				52 N							
STREET ADDRESS				535	TREET	T ADDRESS					
CITY-ST-ZIP TITLE	p. p.		DELETE	54C		ST-ZIP			Chai		Additio

64 CITY-ST-ZIP

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

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR