

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F95000005927 (7)		
1. Corporation Name CHILDRENS HOPES & DREAMS FOUNDATION, INC.		
Principal Place of Business 280 RT. 46 DOVER NJ 07801		Mailing Address 280 RT. 46 DOVER NJ 07801-2076

FILED
Feb 11 1997 8:00am
Secretary of State



3. Date Incorporated or Organized 12/29/1996		4. FEI Number 222452473	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent PHOENIX, ROSE M 3051 NARCISSUS AVE. SANFORD FL 32771		81 Name Franklin, Vic	85 Zip Code FL
		82 Street Address (P.O. Box Number is Not Acceptable) 3 Gap View Dr.	
		83	
		84 City Blairstown	

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 NAME STREET ADDRESS CITY-ST-ZIP	PT FRANKLIN, VIC 284 RT. 46 DOVER NJ	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Prez./Trustee Franklin, Vic 3 Gap View Dr. Blairstown, NJ 07825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PETERSON, DANIEL 2 SOMMERFIELD AVE., BOX 38 MT TABOR NJ	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	7000020837 -02/11/97--01105-036 ***70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STARK, JAMES R D 4, BOX 440T NEWTON NJ	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Chief Fiscal Officer/Trustee Stark, James 6 East Side Dr. Newton, NJ 07860
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Gin Abrams/Trustee/Sec. 607 Elizabeth Ave. Somerset, NJ 08873
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Trustee Jan Kershner 12463 Skipper Circle Woodbridge, VA 22192
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Trustee Michele Robles 7101 Wit Lov Ln. N. Ridgeville, OH 44039

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.

CR2E037 (9/96)