


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

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		



23. Date Incorporated or Qualified 12/09/1995		24. FEI NUMBER 22-2452473		Applied For <input type="checkbox"/> Not Applicable	
25. Mailing Address 3 Gap View Dr.		26. Suite, Apt. #, etc.		27. State	
28. City & State Blairstown NJ		29. Zip 07825		30. Country USA	
31. Certificate of Status Desired <input type="checkbox"/>		32. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		33. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. \$8.75 Additional Fee Required		35. \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent PHOENIX, ROSE M 3051 NARCISSUS AVE. SANFORD FL 32771				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. Zip Code			
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	NAME	FRANKLIN, VIC	1.1 TITLE	Preg./Trustee	1.2 NAME	Franklin, V.C.
STREET ADDRESS	284 RT. 46	CITY-ST-ZIP	DOVER NJ	1.3 STREET ADDRESS	3 Gap View Dr.	1.4 CITY-ST-ZIP	Blairstown, NJ 07825
TITLE	VST	NAME	PETERSON, DANIEL	2.1 TITLE	7000020837 PT	2.2 NAME	-02/11/97--01105--036
STREET ADDRESS	2 SOMMERFIELD AVE., BOX 38	CITY-ST-ZIP	MT TABOR NJ	2.3 STREET ADDRESS	***70.00	2.4 CITY-ST-ZIP	
TITLE	T	NAME	STARK, JAMES	3.1 TITLE	Chief Fiscal Officer/Trustee	3.2 NAME	Stark, James
STREET ADDRESS	R D 4, BOX 440T	CITY-ST-ZIP	NEWTON NJ	3.3 STREET ADDRESS	6 East Side Dr.	3.4 CITY-ST-ZIP	Newton, NJ 07860
TITLE		NAME		4.1 TITLE	Gin Abrams/Trustee/Sec.	4.2 NAME	607 Elizabeth Ave.
STREET ADDRESS		CITY-ST-ZIP		4.3 STREET ADDRESS	Somerset, NJ 08873	4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE	Trustee	5.2 NAME	Jan Kershner
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS	12463 Skipper Circle	5.4 CITY-ST-ZIP	Woodbridge, VA 22192
TITLE		NAME		6.1 TITLE	Trustee	6.2 NAME	Michele Robles
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS	7101 Wil Low Ln.	6.4 CITY-ST-ZIP	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)