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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005927 (7)**

1. Corporation Name

**CHILDRENS HOPES & DREAMS FOUNDATION, INC.**

Principal Place of Business

Mailing Address

290 RT. 46  
DOVER NJ 07801

3 GAP VIEW DR.  
BLAIRSTOWN NJ 07825

3. Date Incorporated or Qualified

**12/04/1995**

4. FEI Number

**22-2452473**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHOENIX, ROSE M  
3051 NARCISSUS AVE.  
SANFORD FL 32771

81 Name

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

83

84 City

**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

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 ☐ DELETE

NAME PT  
STREET ADDRESS FRANKLIN, VIC  
CITY-ST-ZIP 3 GAP VIEW DR.  
BLAIRSTOWN NJ 07825

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME VST  
STREET ADDRESS PETERSON, DANIEL  
CITY-ST-ZIP 2 SOMMERFIELD AVE., BOX 38  
MT TABOR NJ

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME T  
STREET ADDRESS STARK, JAMES  
CITY-ST-ZIP 6 EAST SIDE DR.  
NEWTON NJ 07860

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME TS  
STREET ADDRESS ABRAMS, GIN  
CITY-ST-ZIP 607 ELIZABETH AVE.  
SOMERSET NJ 08873

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME T  
STREET ADDRESS KERSHNER, JAN  
CITY-ST-ZIP 12463 SKIPPER CIRCLE  
WOODBRIIDGE VA 22192

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME T  
STREET ADDRESS ROBLES, MICHELE  
CITY-ST-ZIP 7101 WIL LOU LN.  
N. RIDGEVILLE OH 44039

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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.

SIGNATURE:

*Vic Franklin* SIGNATURE *Vic Franklin*

1/14/98

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