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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90082 025 ****70.00

DOCUMENT # F95000005927

1. Corporation Name

CHILDRENS HOPES & DREAMS FOUNDATION, INC.

Principal Place of Business

280 RT. 46
DOVER NJ 07801

Mailing Address

3 GAP VIEW DR.
BLAIRSTOWN NJ 07825



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/04/1995

4. FEI Number

22-2452473

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$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

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

TITLE

PT

NAME

FRANKLIN, VIC
3 GAP VIEW DR.
BLAIRSTOWN NJ 07825

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

VST

NAME

PETERSON, DANIEL
2 SOMMERFIELD AVE., BOX 38
MT TABOR NJ

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

T

NAME

STARK, JAMES
6 EAST SIDE DR.
NEWTON NJ 07860

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

TS

NAME

ABRAMS, GIN
607 ELIZABETH AVE.
SOMERSET NJ 08873

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

T

NAME

KERSHNER, JAN
12463 SKIPPER CIRCLE
WOODBIDGE VA 22192

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

T

NAME

ROBLES, MICHELE
7101 WIL LOU LN.
N. RIDGEVILLE OH 44039

STREET ADDRESS

CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

Only
Gable, Gin

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Franklin

1/14/99

908 459-9393

Date

Daytime Phone #

CR2E037 (11/98)

0063157