

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90045 022 \*\*\*\*70.00

**DOCUMENT # F95000005927**

1. Entity Name

CHILDRENS HOPES & DREAMS FOUNDATION, INC.



Principal Place of Business

280 RT. 46  
DOVER NJ 07801

Mailing Address

86 Auble Rd.  
3 GAP VIEW DR.  
BLAIRSTOWN NJ 07825

**50012329**



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

86 Auble Rd.

Suite, Apt. #, etc.

City & State

Blairstown, NJ

Zip

07825

Country

USA

4. FEI Number

22-2452473

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARDNER, DAVID  
8535 SUMMERVILLE PL  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The undersigned entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE S ☐ Delete  
NAME GABLE, GIN  
STREET ADDRESS 607 ELIZABETH AVE.  
CITY-ST-ZIP SOMERSET NJ 08873

TITLE K ☐ Delete  
NAME KERSHNER, JAN  
STREET ADDRESS 12463 SKIPPER CIRCLE  
CITY-ST-ZIP WOODBRIDGE VA 22192

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Pres. ☒ Change ☐ Addition  
NAME Franklin, Vic  
STREET ADDRESS 86 Auble Rd.  
CITY-ST-ZIP Blairstown, NJ 07825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Trustee ☒ Change ☐ Addition  
NAME Kershner, Jan  
STREET ADDRESS PSC 45 Box 793  
CITY-ST-ZIP APO AE (NY) 09468

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Vic Franklin* Vic Franklin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05

708 459-9393

Date

Daytime Phone #