

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90215 035 \*\*\*\*\*70.00

**DOCUMENT # F95000005927**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2452473**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



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 above named 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**

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	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>FRANKLIN, VIC</b>	
STREET ADDRESS	<b>3 GAP VIEW DR.</b>	
CITY-ST-ZIP	<b>BLAIRSTOWN NJ 07825</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> Delete
NAME	<b>PETERSON, DANIEL</b>	
STREET ADDRESS	<b>2 SOMMERFIELD AVE., BOX 38</b>	
CITY-ST-ZIP	<b>MT TABOR NJ</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>STARK, JAMES</b>	
STREET ADDRESS	<b>6 EAST-SIDE DR.</b>	
CITY-ST-ZIP	<b>NEWTON NJ 07860</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GABLE, GIN</b>	
STREET ADDRESS	<b>607 ELIZABETH AVE.</b>	
CITY-ST-ZIP	<b>SOMERSET NJ 08873</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KERSHNER, JAN</b>	
STREET ADDRESS	<b>12463 SKIPPER CIRCLE</b>	
CITY-ST-ZIP	<b>WOODBIDGE VA 22192</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ROBLES, MICHELE</b>	
STREET ADDRESS	<b>7101 WIL LOU LN.</b>	
CITY-ST-ZIP	<b>N. RIDGEVILLE OH 44039</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

**1/17/03 908459-9393**

CR2E037 (10/02)