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Jun 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006104 (1)**

1. Corporation Name

**COLORADO ACCIDENT REFERRAL & EDUCATIONAL FOUNDATION LTD., CORP.**



Principal Place of Business

Mailing Address

**332 HERNANDO ST. #4  
FT. PIERCE FL 34949**

**332 HERNANDO ST. #4  
FT. PIERCE FL 34949-3291**

3. Date Incorporated or Qualified  
**11/21/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**OTH, ROY A  
332 HERNANDO ST. #4  
FT. PIERCE FL 34949**

10. Name and Address of New Registered Agent

81 Name

**Bobbi Thompson**

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

**332 HERNANDO ST #4**

83

84

**Ft Pierce**

FL

85 Zip Code  
**34949**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/97**

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **P**  
STREET ADDRESS **OTH, ROY A**  
CITY-ST-ZIP **332 HERNANDO ST. #4  
FT. PIERCE FL 34949**

TITLE ☐ DELETE

NAME **THOMPSON, BOBBI**  
STREET ADDRESS **332 HERNANDO ST. #4**  
CITY-ST-ZIP **FT. PIERCE FL 34949**

TITLE ☐ DELETE

NAME **WINTERSTEIN, VICKI**  
STREET ADDRESS **341 S. OCEAN DR.**  
CITY-ST-ZIP **FT. PIERCE FL 34949**

TITLE ☐ DELETE

NAME **MAGANA, MONICA**  
STREET ADDRESS **336 HERNANDO ST. APT. B**  
CITY-ST-ZIP **FT. PIERCE FL 34949**

TITLE ☐ DELETE

NAME **Maria Maida**  
STREET ADDRESS **761 Lomas St**  
CITY-ST-ZIP **Pt St Lucie FL 34952**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **P/D**  
1.3 STREET ADDRESS **Bobbi Thompson**  
1.4 CITY-ST-ZIP **332 HERNANDO ST #4  
FT PIERCE FL 34949**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **V/D**  
2.3 STREET ADDRESS **Vickt Winterstein**  
2.4 CITY-ST-ZIP **341 S. Ocean Dr  
Ft Pierce FL 34949**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **S/D**  
3.3 STREET ADDRESS **Monica Magana**  
3.4 CITY-ST-ZIP **336 Hernando St Ft Pierce FL 34949**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **T/D**  
4.3 STREET ADDRESS **Maria Maida**  
4.4 CITY-ST-ZIP **761 Lomas St Pt St Lucie, FL 34952**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)