

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90196 026 ****61.25

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

DOCUMENT # F96000006710
1. Entity Name
Association for Children for Enforcement of Support, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2260 Upton Ave.</u> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <u>Toledo, OH</u>		City & State	
Zip <u>43606</u>	Country <u>USA</u>	Zip	Country
4. FEI Number <u>34-1452416</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Jane LeBaron</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>799 August SE</u>	
	City <u>Palm Bay</u>	Zip Code <u>FL 32909</u>

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CD</u> <u>Paula Testa</u> <u>7863 Elwood Dr.</u> <u>Lake Worth, FL 33467</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD</u> <u>Cindy Rutowski</u> <u>3485 2nd Street</u> <u>Verona Beach FL 32968</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Ann Mills</u> <u>221 Naylor Dr.</u> <u>West Melbourne, FL 32904</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
Signature, typed or printed name of signing officer or director

3/7/02 916-448-2004
Date Daytime Phone #

CR2E037B (12/01)