

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000005449

1. Corporation Name

**CHILDREN OF THE AMERICAS/CHILDREN OF THE WORLD,
INC.**

Principal Place of Business

**1890 LYDA AVENUE SUITE 102
BOWLING GREEN KY 42104**

Mailing Address

**1890 LYDA AVENUE SUITE 102
BOWLING GREEN KY 42104**

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90007 025 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/25/1998

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

61-1196577

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ELAM, HENRY**
STREET ADDRESS **PO BOX 181 (N/A)**
CITY-ST-ZIP **GEORGETOWN KY 40324**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE
NAME **SHOBER, ROBERT CRNA**
STREET ADDRESS **1763 BRIAR CIRCLE**
CITY-ST-ZIP **BOWLING GREEN KY 42103**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TSD** ☐ DELETE
NAME **BISHOP, PATRICIA**
STREET ADDRESS **1005 BEAVER VALLEY ROAD**
CITY-ST-ZIP **GLASGOW KY 42141**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **BRASWELL, RUDY**
STREET ADDRESS **1101 NEW DEAL ROAD**
CITY-ST-ZIP **COTTONWOOD TN 37048**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CARRILLO, EDDY MD**
STREET ADDRESS **DEPT OF NEURO-SURGERY/U. OF LOUISVILLE**
CITY-ST-ZIP **LOUISVILLE KY 40292**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **COVINGTON, TOM**
STREET ADDRESS **309 HILL AVENUE**
CITY-ST-ZIP **OWENSBORO KY 42301**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-99

843-0300

CR2E037 (1/198)