FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00484** **(8)**

1. Corporation Name

CRIPPLED CHILDREN'S AID SOCIETY, INC., RUTH GREEN CHAPTER

Principal Place of Business
P.O. BOX 540172
735 JACARANDA ST.
MERRITT ISLAND FL 32952

Mailing Address
P.O. BOX 540172
735 JACARANDA ST.
MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified: 01/05/1984
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 540172
Suite, Apt. #, etc.
27
City & State
28 Merritt Island, FL
Zip 29 32952 Country 30 Brevard

4. FEI Number: 59-0975992 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
JOHNSON, NORMA
735 JACARANDA ST.
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 000001791620 -04/23/96--01164--004 ***70.00
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

TITLE	TD	[ ] DELETE
NAME	BOCK, TERRIE J.	
STREET ADDRESS	1337 FOREST DR.	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	VPD	[ ] DELETE
NAME	FORDHAM, JAMES R	
STREET ADDRESS	220 BEL AIRE DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	CSD	[X] DELETE
NAME	WARD, LAURIE	
STREET ADDRESS	497 SEACREST AVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	RSD	[X] DELETE
NAME	JOHNSON, NORMA	
STREET ADDRESS	735 JACARANDA ST	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	PD	[ ] DELETE
NAME	WOLF, MARGARET	
STREET ADDRESS	100 N TROPICAL WAY	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Parliamentarian	[X] Change [ ] Addition
1.2 NAME	Terrie J Bock	
1.3 STREET ADDRESS	1337 Forest Dr.	
1.4 CITY-ST-ZIP	Rockledge, FL 32955	
2.1 TITLE	President	[X] Change [ ] Addition
2.2 NAME	Fordham, James R.	
2.3 STREET ADDRESS	220 Bel Aire Dr.	
2.4 CITY-ST-ZIP	Merritt Island, FL 32952	
3.1 TITLE	Vice President	[ ] Change [X] Addition
3.2 NAME	Malloy, Charlotte	
3.3 STREET ADDRESS	1565 S. Harbour Drive	
3.4 CITY-ST-ZIP	Merritt Island, FL 32952	
4.1 TITLE	Recording Secretary	[ ] Change [X] Addition
4.2 NAME	Rowley, Dorothy	
4.3 STREET ADDRESS	2155 Capeview St.	
4.4 CITY-ST-ZIP	Merritt Island, FL 32952	
5.1 TITLE	Treasurer	[X] Change [ ] Addition
5.2 NAME	Wolf, Margaret	
5.3 STREET ADDRESS	100 N Tropical Way	
5.4 CITY-ST-ZIP	Merritt Island, FL 32952	
6.1 TITLE	Corresponding Secretary	[ ] Change [ ] Addition
6.2 NAME	Fordham, Kay	
6.3 STREET ADDRESS	220 Bel Aire Dr.	
6.4 CITY-ST-ZIP	Merritt Island, FL 32952	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Margaret M Wolf — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-2-96 — Date
407-453-0539 — Daytime Phone #

Margaret M. Wolf, Treasurer

CR2E037 (12/95)

4/23/96