

# 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 GREE N CHAPTER**



Principal Place of Business 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**  
4. FEI Number **59-0975992** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$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

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. **P.O. Box 540172**  
22. City & State 27. **Merritt Island, FL**  
23. Zip 28. **32952** 29. **Brevard**  
Country 30. **FL**

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)  
**000001791620  
-04/23/96--01164--004**  
83. City **\*\*\*70.00** 84. **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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>BOCK, TERRIE J.</b>	
STREET ADDRESS	<b>1337 FOREST DR.</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>FORDHAM, JAMES R.</b>	
STREET ADDRESS	<b>220 BEL AIRE DR</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	<b>CSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WARD, LAURIE</b>	
STREET ADDRESS	<b>497 SEACREST AVE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	<b>RSO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSON, NORMA</b>	
STREET ADDRESS	<b>735 JACARANDA ST</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WOLF, MARGARET</b>	
STREET ADDRESS	<b>100 N TROPICAL WAY</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>Parliamentarian</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Terrie J Bock</b>	
1.3 STREET ADDRESS	<b>1337 Forest Dr.</b>	
1.4 CITY-ST-ZIP	<b>Rockledge, FL 32955</b>	
2.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Fordham, James R.</b>	
2.3 STREET ADDRESS	<b>220 Bel Aire Dr.</b>	
2.4 CITY-ST-ZIP	<b>Merritt Island, FL 32952</b>	
3.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Malloy, Charlotte</b>	
3.3 STREET ADDRESS	<b>1565 S. Harbour Drive</b>	
3.4 CITY-ST-ZIP	<b>Merritt Island, FL 32952</b>	
4.1 TITLE	<b>Recording Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Rowley, Dorothy</b>	
4.3 STREET ADDRESS	<b>2155 Capeview St.</b>	
4.4 CITY-ST-ZIP	<b>Merritt Island, FL 32952</b>	
5.1 TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Wolf Margaret</b>	
5.3 STREET ADDRESS	<b>100 N Tropical Way</b>	
5.4 CITY-ST-ZIP	<b>Merritt Island, FL 32952</b>	
6.1 TITLE	<b>Corresponding Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Fordham, Kay</b>	
6.3 STREET ADDRESS	<b>220 Bel Aire Dr.</b>	
6.4 CITY-ST-ZIP	<b>Merritt Island, FL 32952</b>	

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 Date: 4-2-96 Daytime Phone #: 407-453-0539  
Margaret M. Wolf, Treasurer

CR2E037 (12/95)

11/22/96