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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. McWhorter
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 Mailing Address
P.O. BOX 540172 P.O. BOX 540172
735 JACARANDA ST. MERRITT FL 32954-0172
MERRITT ISLAND FL 32952

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 25 29 30

3. Date Incorporated or Qualified 01/05/1984 3a. Date of Last Report 04/22/1996
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

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	President + Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOCK, TERRIE J.	1.2 NAME	Norma Johnson
STREET ADDRESS	1337 FOREST DR.	1.3 STREET ADDRESS	735 Jacaranda St.
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	P	2.1 TITLE	Vice President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORDHAM, JAMES R	2.2 NAME	Fred Anderson
STREET ADDRESS	220 BEL AIRE DR	2.3 STREET ADDRESS	560 Pelican Dr.
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	VP	3.1 TITLE	Recording Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALLOY, CHARLOTTE	3.2 NAME	Charlene Parson
STREET ADDRESS	1565 S. HARBOUR DR.	3.3 STREET ADDRESS	700 N. Courtenay Pkwy #105
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	RSD	4.1 TITLE	Corres. Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWLEY, DOROTHY	4.2 NAME	Lauren Romeo
STREET ADDRESS	2155 CAPEVIEW	4.3 STREET ADDRESS	6035 Canon Ave.
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	Cocoa, FL 32937
TITLE	Treasurer / Director	5.1 TITLE	
NAME	WOLF, MARGARET	5.2 NAME	
STREET ADDRESS	100 N TROPICAL WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	
TITLE	CS	6.1 TITLE	
NAME	FORDHAM, KAY	6.2 NAME	
STREET ADDRESS	220 BEL AIRE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT FL	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)

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