


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 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 P.O. BOX 540172 735 JACARANDA ST. MERRITT ISLAND FL 32952		Mailing Address P.O. BOX 540172 MERRITT FL 32952	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE NAME JOHNSON, NORMA STREET ADDRESS 735 JACARANDA ST CITY-ST-ZIP MERRITT ISLAND FL		1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME WILLIS KIRK 1.3 STREET ADDRESS 2445 HONEYBROOK CREEK DR. 1.4 CITY-ST-ZIP MELBOURNE, FL 32935	
TITLE VPD <input type="checkbox"/> DELETE NAME ANDERSON, FRED STREET ADDRESS 500 PELICAN DR CITY-ST-ZIP SATELLITE BEACH FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE RS <input checked="" type="checkbox"/> DELETE NAME PARSON, CHARLENE STREET ADDRESS 700 N COURTENAY PKWY, #105 CITY-ST-ZIP MERRITT ISLAND FL		3.1 TITLE RS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME MARGE WOLF 3.3 STREET ADDRESS 100 N. Tropical Way 3.4 CITY-ST-ZIP MERRITT ISLAND, FL 32952	
TITLE CS <input checked="" type="checkbox"/> DELETE NAME ROMEO, LAUREN STREET ADDRESS 6035 CANON AVE CITY-ST-ZIP COCOA FL		4.1 TITLE CS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME CHARLENE PARSON 4.3 STREET ADDRESS 700 N. COURTENAY PKWY, #105 4.4 CITY-ST-ZIP MERRITT ISLAND, FL 32953	
TITLE TD <input checked="" type="checkbox"/> DELETE NAME WOLF, MARGARET STREET ADDRESS 100 N TROPICAL WAY CITY-ST-ZIP MERRITT ISLAND FL		5.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME FRANK BELL 5.3 STREET ADDRESS 1055 Audubon Rd. 5.4 CITY-ST-ZIP MERRITT ISLAND, FL 32953	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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.			
SIGNATURE: Willis Kirk SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8-3-98 407-259-9328 Date Daytime Phone #	

CR2E037 (5/98)