


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

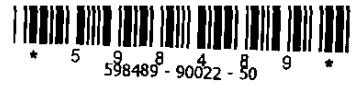
FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90022 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00484

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 01/05/1984	4. FEI Number 59-0975992 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	JOHNSON, NORMA 735 JACARANDA ST MERRITT ISLAND FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD Willis, Kirk 2445 Honey Brook Creek Dr Melbourne, FL 32935
TITLE VPD	WILLIS, KIRK 2445 HONEYBROOK CREEK DR MELBOURNE FL 32935	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD Rod Seivent 844 Bartel LA. Rockledge, FL 32955
TITLE RS	WOLF, MARGE 100 N TROPICAL WAY MERRITT ISLAND FL 32952	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE CS	PARSON, CHARLENE 700 N COURTNEY PKY, #105 MERRITT ISLAND FL 32953	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE TD	BELL, FRANK 1055 AUDUBON, RD MERRITT ISLAND FL 32953	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 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: Frank Bell DATE: 7/21/99 DAYTIME PHONE #: 407-452-8518

CR2E037 (5/99)