

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90980 033 ****70.00

DOCUMENT # N00484

1. Entity Name

CRIPPLED CHILDREN'S AID SOCIETY, INC., RUTH GREE

Principal Place of Business

Mailing Address

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

P.O. BOX 540172
 MERRITT FL 32952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0975992

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, NORMA
735 JACARANDA ST.
MERRITT ISLAND FL 32952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: JOHNSON, NORMA Delete
 STREET ADDRESS: 735 JACARANDA STREET
 CITY-ST-ZIP: MERRITT ISLAND FL 32952

TITLE: Vice Pres - Director Change Addition
 NAME: Dorothy Rowley
 STREET ADDRESS: 2155 Capeview St.
 CITY-ST-ZIP: Merritt Island, FL 32952

TITLE: VPD Delete
 NAME: SEIVERT, ROD
 STREET ADDRESS: 877 BARTEL LA
 CITY-ST-ZIP: ROCKLEDGE FL 32955

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: TD Delete
 NAME: WOLF, MARGE
 STREET ADDRESS: 100 NORTH TROPICAL WAY
 CITY-ST-ZIP: MERRITT ISLAND FL 32952

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: RS Delete
 NAME: BELL, TONI
 STREET ADDRESS: 1055 AUDUBON ROAD
 CITY-ST-ZIP: MERRITT ISLAND FL 32953

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret M. Wolf Margaret Wolf 4-28-01 321-693-1891
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)