

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**May 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00484**

1. Entity Name

**CRIPPLED CHILDREN'S AID SOCIETY, INC., RUTH  
GREEN 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

**59-0975992**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signatures required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, NORMA	
STREET ADDRESS	735 JACARANDA STREET	
CITY- ST- ZIP	MERRITT ISLAND FL 32952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOLF, MARGE	
STREET ADDRESS	100 NORTH TROPICAL WAY	
CITY- ST- ZIP	MERRITT ISLAND FL 32952	
TITLE	RS	<input type="checkbox"/> Delete
NAME	BELL, TONI	
STREET ADDRESS	1055 AUDUBON ROAD	
CITY- ST- ZIP	MERRITT ISLAND FL 32953	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROWLEY, DOROTHY	
STREET ADDRESS	2155 CAPEVIEW ST	
CITY- ST- ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UN00000368953	
STREET ADDRESS	05/16/05-80014-006 70.00	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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. Wall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-05**

Date

**321-693-1891**

Daytime Phone #