


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90138 048 \*\*\*\*70.00

<b>DOCUMENT # N00484</b>					
1. Entity Name <b>CRIPPLED CHILDREN'S AID SOCIETY, INC., RUTH GREEN CHAPTER</b>					
Principal Place of Business <b>4500 DIXIE HIGHWAY, STE 11 PALM BAY FL 32905-4342</b>			Mailing Address <b>P.O. BOX 540172 MERRITT FL 32952</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0975992</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WOLF, MARGARET 100 N. TROPICAL WAY MERRITT ISLAND FL 32952</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, NORMA		NAME		
STREET ADDRESS	735 JACARANDA STREET		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, MARGE		NAME		
STREET ADDRESS	100 NORTH TROPICAL WAY		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> Delete	TITLE	RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, TONI		NAME	Bell, Toni	
STREET ADDRESS	1055 AUDUBON ROAD		STREET ADDRESS	865 Ridge Lake Dr.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLEY, DOROTHY		NAME	Dorothy Rowley	
STREET ADDRESS	2155 CAPEVIEW ST		STREET ADDRESS	2155 Capeview	
CITY-ST-ZIP	MERRITT ISLAND FL 32952		CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Vice President/Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Frank Bell	
STREET ADDRESS			STREET ADDRESS	865 Ridge Lake Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Melbourne, FL 32940	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Rod Seivert	
STREET ADDRESS			STREET ADDRESS	877 Bartel Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Rockledge, FL 32955	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Wolf 4-12-08 321-693-1891  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #