

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00484

FILED
Jun 14, 2009
Secretary of State

Entity Name: CRIPPLED CHILDREN'S AID SOCIETY, INC., RUTH GREEN CHAPTER

Current Principal Place of Business:

4500 DIXIE HIGHWAY, STE 11
PALM BAY, FL 329054342

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540172
MERRITT, FL 32952

New Mailing Address:

FEI Number: 59-0975992 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOLF, MARGARET
100 N. TROPICAL WAY
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WOLF, MARGE
Address: 100 NORTH TROPICAL WAY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: RS () Delete
Name: BOLLS, TONI
Address: 865 RIDGE LAKE DR
City-St-Zip: MELBOURNE, FL 32940

Title: PD () Delete
Name: ROWLEY, DOROTHY
Address: 2155 CAPEVIEW ST
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPD () Delete
Name: BELL, FRANK
Address: 865 RIDGE LAKE DR
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: SEIVERT, ROD
Address: 877 BARTO LANE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: RS (X) Change () Addition
Name: BELL, TONI
Address: 865 RIDGE LAKE DR
City-St-Zip: MELBOURNE, FL 32940

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGE WOLF

TD

06/14/2009

Electronic Signature of Signing Officer or Director

_____ Date