

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00484

FILED
Apr 24, 2011
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:

4450 DIXIE HIGHWAY NE
PALM BAY, FL 32905 US

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 (X)**

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
Name: WOLF, MARGE
Address: 100 NORTH TROPICAL WAY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: RS
Name: BELL, TONI
Address: 865 RIDGE LAKE DR
City-St-Zip: MELBOURNE, FL 32940

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARGARET WOLF

TD

04/24/2011

Electronic Signature of Signing Officer or Director

Date