

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90407 005 \*\*\*\*70.00

**DOCUMENT # N00484**

1. Entity Name  
**CRIPPLED CHILDREN'S AID SOCIETY, INC., RUTH GREE  
N CHAPTER**



Principal Place of Business      Mailing Address

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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

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

**JOHNSON, NORMA**  
**735 JACARANDA ST.**  
**MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 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		
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		
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 Wolf*      **Margaret Wolf**      4-29-03      321-693-1891

CR2E037 (10/02)