

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007845

**FILED**  
**Apr 06, 2004**  
**Secretary of State****Entity Name:** CHILDREN'S ARTISTIC DEVELOPMENT-A SPECIAL NEEDS ORGANIZATION, INC.**Current Principal Place of Business:**2391 NW 122 DR.  
CORAL SPRINGS, FL 33065**New Principal Place of Business:**21 SUNDIAL CIRCLE  
MARGATE, FL 33068**Current Mailing Address:**2391 NW 122 DR.  
CORAL SPRINGS, FL 33065**New Mailing Address:**21 SUNDIAL CIRCLE  
MARGATE, FL 33068**FEI Number:** 65-1153045**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MERIZZI, ELIZABETH  
2391 NW 122 DRIVE  
CORAL SPRINGS, FL 33065 US**Name and Address of New Registered Agent:**MERIZZI, ELIZABETH  
21 SUNDIAL CIRCLE  
MARGATE, FL 33068 US

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: \_\_\_\_\_

04/06/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** MERIZZI, ELIZABETH  
**Address:** 2391 NW 122 DR.  
**City-St-Zip:** CORAL SPRINGS, FL 33065**Title:** D ( ) Delete  
**Name:** JULIANO, MICHAEL  
**Address:** 2391 NW 122 DR.  
**City-St-Zip:** CORAL SPRINGS, FL 33065**Title:** D ( ) Delete  
**Name:** FISHER, CARL E  
**Address:** 8061 W. MCNAB RD.  
**City-St-Zip:** TAMARAC, FL 33321**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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 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 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: ELIZABETH MERIZZI

D

04/06/2004

Electronic Signature of Signing Officer or Director

Date