

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007845

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** CHILDREN'S ARTISTIC DEVELOPMENT-A SPECIAL NEEDS ORGANIZATION, INC.

**Current Principal Place of Business:**

7005 NW 11 STREET  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

7005 NW 11 STREET  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 65-1153045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MERIZZI, ELIZABETH  
7005 NW 11 STREET  
MARGATE, FL 33063 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: D  
Name: MERIZZI, ELIZABETH  
Address: 7005 NW 11 STREET  
City-St-Zip: MARGATE, FL 33063

Title: D  
Name: JULIANO, MICHAEL R  
Address: 7005 NW 11 STREET  
City-St-Zip: MARGATE, FL 33063

Title: D  
Name: FISHER, CARL E  
Address: 3423 N. HIATUS ROAD  
City-St-Zip: SUNRISE, FL 33351

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: ELIZABETH MERIZZI

D

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date