FILED
Mar 20, 2003 8:00 am
Secretary of State
03-20-2003 90109 001 ****70.00

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

DOCUMENT # N01000007845

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

Principal Place of Business	Mailing Address
12088 NW 33RD ST. CORAL SPRINGS, FL 33065	12088 NW 33RD ST. CORAL SPRINGS, FL 33065

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2391 NW 122 DR.	2391 NW 122 DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33065 Country: USA	Zip: 33065 Country: USA

4. FEI Number: 65-1153045 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERIZZI, ELIZABETH
12088 NW 33RD ST.
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name: Elizabeth Merizzi
Street Address (P.O. Box Number is Not Acceptable): 2391 NW 122 DRIVE
City: Coral Springs FL Zip Code: 33065

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MERIZZI, ELIZABETH 12088 NW 33RD ST. CORAL SPRINGS, FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Merizzi, Elizabeth 2391 NW 122 DR. CORAL SPRINGS, FL 33065	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JULIANO, MICHAEL 12088 NW 33RD ST. CORAL SPRINGS, FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JULIANO, MICHAEL 2391 NW 122 DR. CORAL SPRINGS, FL 33065	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISHER, CARL E 8061 W. MCNAB RD. TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

QR2E037 (10/02)

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: Elizabeth Merizzi 3/11/03 954 757-1980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #