

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003183	
1. Entity Name COMMUNITY CHILDREN'S FOUNDATION, INC.	

Principal Place of Business 112A SNEAD RD. INDIAN HARBOUR BCH FL 32937	Mailing Address 112A SNEAD RD. INDIAN HARBOUR BCH FL 32937
---	---

2. Principal Place of Business	3. Mailing Address
---------------------------------------	---------------------------

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

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



MOORE CR2E037 (11/03)

4. FEI Number 82-0547700	☐ Applied For ☐ Not Applicable
------------------------------------	---

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
--	---------------------------------------

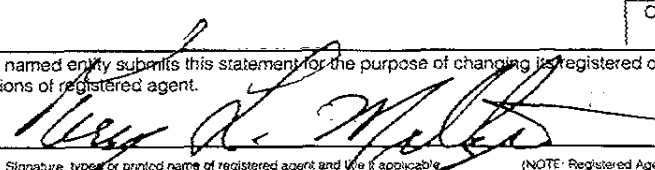
6. Name and Address of Current Registered Agent
--

7. Name and Address of New Registered Agent
--

MEITZER, TERRY L 112A SNEAD RD. INDIAN HARBOUR BCH FL 32937

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004
--

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
--	------------------------------------

Make Check Payable to Florida Department of State
--

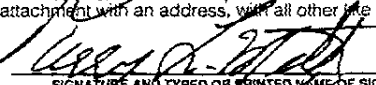
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
--

TITLE PTB	☐ Delete
NAME MELTZER, TERRY L	
STREET ADDRESS 112A SNEAD RD.	
CITY - ST - ZIP INDIAN HARBOUR BCH FL 32937	
TITLE SD	☐ Delete
NAME SMITH, ROBERT K	
STREET ADDRESS 7707 POINSIETTA AVE.	
CITY - ST - ZIP CAPE CANAVERAL FL 32920	
TITLE VD	☐ Delete
NAME COPELEN, FRANCES M	
STREET ADDRESS 1288 OSHKOSH CT.	
CITY - ST - ZIP ORLANDO FL 32818	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ 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 information.

SIGNATURE:  Signature and typed or printed name of signing officer or director	DATE: Terry L. Meitzer 3/9/04 (321)243-1497
--	---