2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N02000006997

Entity Name: CHILDREN CARE FOUNDATION,INC.

Current Principal Place of Business:

243 KANSAS AVE
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

243 KANSAS AVE
FORT LAUDERDALE, FL 33312

New Mailing Address:

P.O.BOX 120035
FORT LAUDERDALE, FL 33312

FEI Number: 74-3062519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, VERNON
243 KANSAS AVE
FORT LAUDERDALE, FL, FL 33312

Name and Address of New Registered Agent:

JONES, CARINE
243 KANSAS AVE
FORT LAUDERDALE, FL, FL 33312

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: CARINE JONES 04/30/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DIRE ( ) Delete
Name: AUREL, MARIE F DIRECTO
Address: 243 KANSAS AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: DIRE ( ) Delete
Name: PRESSA, WILFRID M DIRECTO
Address: 281 S KROME AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: DIRE ( ) Delete
Name: JONES, CARINE DIRECTO
Address: 243 KANSAS AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFFI (X) Change ( ) Addition
Name: PAUL, MOLLY OFFICER
Address: 275 KANSAS AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: OFFI (X) Change ( ) Addition
Name: PRESSA, WILFRID M OFFICER
Address: 281 S KROME AVE
City-St-Zip: HOMESTEAD, FL 33030

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: JAMILA JONES OFFI 04/30/2004
Electronic Signature of Signing Officer or Director Date