

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Morthon,
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 MAY -1 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02037 (2)

1. Corporation Name

CHILDREN'S AID FUND, INC.



400001803174
-05/01/96--01026--023
*****51-25 *****51-25

Principal Place of Business

Mailing Address

1910 ALTON ROAD
MIAMI BEACH FL 33139
US

1910 ALTON ROAD
MIAMI BEACH FL 33139
US

3. Date Incorporated or Qualified
03/19/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 4014 Chase Avenue

2a. Mailing Address

26 4014 Chase Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami Beach, Florida 33140

28 Miami Beach, Florida

Zip

Country

24 33140

25 Dade

Zip

Country

29 33140

30 Dade

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALBET, ABRAHAM AL
999 WASHINGTON AVE.
MIAMI BEACH FL 33139

81 Name

Josh Bennett, Esquire

82

Street Address (P.O. Box Number is Not Acceptable)
420 Lincoln Road - Suite 440

83

84

City
Miami Beach

FL

85 Zip Code
33139

11. Pursuant to the provisions of Sections 617.0502 and 617.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Josh Bennett, Esquire

4-29-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME ZWEIG, RABBI YOCHANAN
STREET ADDRESS 2035 N. BAY RD.
CITY - ST - ZIP MIAMI BCH FL

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Ron D. Strelnick
1.3 STREET ADDRESS 420 Lincoln Road - Suite 440
1.4 CITY - ST - ZIP Miami Beach, Florida 33139

TITLE SD ☒ DELETE
NAME SIMON, MILTON
STREET ADDRESS 4014 CHASE AVE
CITY - ST - ZIP MIAMI BCH FL

2.1 TITLE SD ☐ Change ☒ Addition
2.2 NAME Gertrude Shafer
2.3 STREET ADDRESS 4147 N. Meridian Avenue
2.4 CITY - ST - ZIP Miami Beach, Florida

TITLE TD ☐ DELETE
NAME BURSTYN, RABBI JEREMIAH
STREET ADDRESS 4147 N. MERIDIAN AVE.
CITY - ST - ZIP MIAMI BCH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

DATE

305-538-4431

DAYTIME PHONE #

CR2E037 (12/95)