

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90045 040 ****70.00

DOCUMENT # N03000000021

1. Entity Name

WORLD CHILDREN RESCUE, INCORPORATED



Principal Place of Business

12320 NW 29TH STREET
SUNRISE FL 33323

Mailing Address

4804 N.W. 26TH TERRACE
TAMARAC FL 33309

2. Principal Place of Business

P.O. Box 450496
Suite, Apt. #, etc.

3. Mailing Address

5200 N.W. 18th Place
Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

SUNRISE FLA

City & State

LAUDERHILL FLA

4. FEI Number

06-1672469

Applied For

Not Applicable

Zip

33346

Country

Zip

33313

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDEN, JONATHAN M
4804 N.W. 26TH TERRACE
TAMARAC FL 33309

7. Name and Address of New Registered Agent

Name JONATHAN HARDEN

Street Address (P.O. Box Number is Not Acceptable)

5200 N.W. 18th Place

City

LAUDERHILL

FL

Zip Code

33303

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]

(NOTE: Registered Agent signature required when reinstating)

2-1-05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE P
NAME HARDEN, JONATHAN M
STREET ADDRESS 4804 N.W. 26TH TERRACE
CITY-ST-ZIP TAMARAC FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT
NAME JONATHAN HARDEN
STREET ADDRESS 5200 N.W. 18th PLACE
CITY-ST-ZIP LAUDERHILL FLA, 33313 ☐ Change ☐ Addition

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

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

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

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

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-05 954-325-7956