

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010583

FILED  
May 01, 2006  
Secretary of State

Entity Name: THE CHILD-SUPPORT ENFORCEMENT FOUNDATION, INC.

**Current Principal Place of Business:**

1919 NORTH STATE ROAD 7  
SUITE 201A  
MARGATE, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

1919 NORTH STATE ROAD 7  
SUITE 201A  
MARGATE, FL 33063 US

**New Mailing Address:**

FEI Number: 75-3140549      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCDONALD, PETE  
1919 NORTH STATE ROAD 7  
SUITE 201A  
MARGATE, FL 33063 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CARLS, JASON H  
Address: 6522 SE WINDSONG LANE  
City-St-Zip: STUART, FL 34997 US

Title: D      ( ) Delete  
Name: MCDONALD, PETE W  
Address: 7546 NW 25TH STREET  
City-St-Zip: MARGATE, FL 33063 US

Title: D      (X) Delete  
Name: GARCIA, ALVIN W  
Address: 11440 SOUTH WEST 3RD STREET  
City-St-Zip: PLANTATION, FL 33325 US

Title: D      ( ) Delete  
Name: MCDONALD, DIANA-KAY E  
Address: 7546 NW 25 STREET  
City-St-Zip: MARGATE, FL 33063 US

Title: T      ( ) Delete  
Name: MCDONALD, DIANE M  
Address: 1919 N. STATE ROAD 7 # 201A  
City-St-Zip: MARGATE, FL 33063 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: RUSIN, STEVE A  
Address: 5423 QUEENSHIP CT  
City-St-Zip: GREENACRES, FL 33463 US

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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: PETE MCDONALD

D

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date