

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 01 1997 8:00am
Secretary of State

DOCUMENT # **N06160** (8)

1. Corporation Name

CHILDREN'S ALLIANCE, INC.

Principal Place of Business

**3900 BROADWAY
BLDG. B, SUITE 1
FT. MYERS FL 33901
US**

Mailing Address

**3900 BROADWAY
BLDG. B, SUITE 1
FT. MYERS FL 33901
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1984

3a. Date of Last Report
08/13/1996

4. FEI Number

59-2474387

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURNER, JILL
3900 BROADWAY
SUITE 1
FT. MYERS FL 33901**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **KOEHLER, JOHN**
STREET ADDRESS **1620 MEDICAL LN**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **VP** ☐ DELETE
NAME **SEALS, DIANN**
STREET ADDRESS **3615 CENTRAL AVENUE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **TD** ☐ DELETE
NAME **PAUL, ELIZABETH**
STREET ADDRESS **3615 CENTRAL AVENUE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **SD** ☐ DELETE
NAME **KERNS, ANN**
STREET ADDRESS **3625 CENTRAL AVENUE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Managing Director** ☐ Change ☒ Addition
1.2 NAME **Jill Turner**
1.3 STREET ADDRESS **1249 Morningside Drive**
1.4 CITY-ST-ZIP **Fort Myers FL 33901**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

7/15/97

CR2E037 (4/97)