

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N09582 (0)

1. Corporation Name

CHILDREN'S RESOURCE FUND, INC.



Principal Place of Business

Mailing Address

8571 SW 112 ST.
MIAMI FL 33156

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MIAMI FL 33156

3. Date Incorporated or Qualified
06/03/1985

3a. Date of Last Report
07/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2712689

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

BISCHOFF, RICK
GUNSTER, YOKLEY, VALDES-FAULI & STEWART
ONE BISCAYNE TOWER / 34TH FLOOR
MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ARMALY, PEGGY
STREET ADDRESS 7141 S.W. 136TH ST.
CITY-ST-ZIP MIAMI FL 33156

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME TASCIOITI, JANE
STREET ADDRESS 11901 N.W. 21 ST.
CITY-ST-ZIP PEMBROKE PINES FL 33026

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

TITLE SD ☐ DELETE
NAME DOYLE, ELENI
STREET ADDRESS 410 POINCIANA DR SE
CITY-ST-ZIP FT LAUDERDALE FL 33301

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

TITLE P ☐ DELETE
NAME EISENBERG, SUSAN
STREET ADDRESS 9595 S.W. 61 CT.
CITY-ST-ZIP MIAMI FL 33156

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

TITLE ATD ☐ DELETE
NAME LAYNE, LISA
STREET ADDRESS 2560 NE 209 TERR
CITY-ST-ZIP MIAMI FL 33180

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

TITLE T ☐ DELETE
NAME WALTMAN, KAY
STREET ADDRESS 6420 S.W. 133 DR.
CITY-ST-ZIP MIAMI FL 33156

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)