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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	8571 SW 112 ST. MIAMI FL 33156-4322

3. Date Incorporated or Qualified: 06/03/1985
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2712689 ☐ 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

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ARMALY, PEGGY		1.2 NAME		
STREET ADDRESS	7141 S.W. 136TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	TASCIOTTI, JANE		2.2 NAME		
STREET ADDRESS	11901 N.W. 21 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33026		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DOYLE, ELENI		3.2 NAME		
STREET ADDRESS	410 POINCIANA DR SE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EISENBERG, SUSAN		4.2 NAME		
STREET ADDRESS	9595 S.W. 61 CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		4.4 CITY-ST-ZIP		
TITLE	ATD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	LAYNE, LISA		5.2 NAME		
STREET ADDRESS	~~2560 NE 209 TERR~~		5.3 STREET ADDRESS	2150 NE 207 ST.	
CITY-ST-ZIP	MIAMI FL ~~33180~~		5.4 CITY-ST-ZIP	33179	
TITLE	~~T~~	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~WALTMAN, KAY~~		6.2 NAME	CATHIE FRIEDMAN	
STREET ADDRESS	~~0420 S.W. 133 DR.~~		6.3 STREET ADDRESS	6795 SW 136 St.	
CITY-ST-ZIP	~~MIAMI FL 33156~~		6.4 CITY-ST-ZIP	MIAMI, FL 33156	

CR2E037 (9/96)

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: Lisa A. Layne Lisa A. Layne 1-14-97 305-596-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0027703