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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09582

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

2. Principal Place of Business
21 8571 SW 112 ST
Suite, Apt. #, etc.
22
City & State
23 MIAMI FL
Zip 24 33156 Country 25 USA

2a. Mailing Address
26 8571 SW112 ST.
Suite, Apt. #, etc.
27
City & State
28 MIAMI FL
Zip 29 33156 Country 30 USA

3. Date Incorporated or Qualified
06/03/1985

4. FEI Number
59-2712689
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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	D	☐ Change ☐ Addition
NAME	ARMALY, PEGGY		1.2 NAME	PEGGY ARMALY	
STREET ADDRESS	7141 S.W. 136TH ST.		1.3 STREET ADDRESS	7141 SW 136 ST	
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP	MIAMI FL 33156	
TITLE	P	☐ DELETE	2.1 TITLE	~~CO-PRES.~~ D	☒ Change ☐ Addition
NAME	REILLY, KATE		2.2 NAME	WASSERMAN, RUTH	
STREET ADDRESS	8571 SW 112TH ST		2.3 STREET ADDRESS	13220 SW69 COURT	
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP	MIAMI FL 33156	
TITLE	P	☐ DELETE	3.1 TITLE	~~CO-PRES~~ D	☒ Change ☐ Addition
NAME	DOYLE, ELENI		3.2 NAME	POTASHNICK, HILDINE	
STREET ADDRESS	8571 SW 112TH ST		3.3 STREET ADDRESS	3 ISLAND AVE, #61	
CITY-ST-ZIP	MIAMI FL 33156		3.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	☐ DELETE	4.1 TITLE	~~CO-PRES~~ D	☒ Change ☐ Addition
NAME	ANTHONY, DESIREE		4.2 NAME	MISHCON, Martha	
STREET ADDRESS	8571 SW 112TH ST		4.3 STREET ADDRESS	1000 ISLAND BLVD, #2803	
CITY-ST-ZIP	MIAMI FL 33156		4.4 CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	ATD	☐ DELETE	5.1 TITLE	VICE-PRES D	☒ Change ☐ Addition
NAME	LAYNE, LISA		5.2 NAME	REILLEY, Kate	
STREET ADDRESS	2150 NE 207 STREET		5.3 STREET ADDRESS	6990 SW 66 AVE.	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	So. MIAMI FL 33143	
TITLE	D	☐ DELETE	6.1 TITLE	~~TREAS.~~ D	☒ Change ☐ Addition
NAME	ELLIS, MARCIA		6.2 NAME	ANTHONY, DESIREE	
STREET ADDRESS	8571 SW 112TH ST		6.3 STREET ADDRESS	916 CATALONIA	
CITY-ST-ZIP	MIAMI FL 33156		6.4 CITY-ST-ZIP	CORAL GABLES FL 33134	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Peggy Armaly QUI Peggy Armaly, Chair, 2/9/99 (305) 596-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #