2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N09582

1. Entity 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

02042005 No Chg-NP CR2E037 (10/03)

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

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, CROMWELL
1025 HARDEE RD
MIAMI, FL 33131

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARMALY, PEGGY
STREET ADDRESS	7141 S.W. 136TH ST.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	ED
NAME	RAPAPORT, ROXANA
STREET ADDRESS	8571 SW 112 STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	T
NAME	REED, BARBARA
STREET ADDRESS	8571 SW 112 STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/05-80010-016 70.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 02/04/05 (305)596-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #