

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).

APPROVED
AND
FILED

97 OCT -3 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N09897 (2)

1. Corporation Name

CHILD'S POINT OF VIEW, INC.

Principal Place of Business

RT. 2, BOX 676
MICANOPY FL 32667-9600

Mailing Address

RT. 2, BOX 676
MICANOPY FL 32667-9600

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/21/1985
3a. Date of Last Report 06/28/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

4. FEI Number

59-2562090

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

9. Name and Address of Current Registered Agent

BAKER, TONJIA E
RT. 2, BOX 676
MICANOPY FL 32667

10. Name and Address of New Registered Agent

81 Name

Geraldine A Baker

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

83 3729 N.W. 28th Terrace

84 City

Barnesville

FL

85 Zip Code
32605

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	BAKER, TONJIA E	<input checked="" type="checkbox"/>
STREET ADDRESS	RT 2 BOX 676	<input checked="" type="checkbox"/>
CITY-ST-ZIP	MICANOPY FL	<input checked="" type="checkbox"/>
TITLE	TD	DELETE
NAME	BAKER, HENRY T	<input checked="" type="checkbox"/>
STREET ADDRESS	RT 2 BOX 676	<input checked="" type="checkbox"/>
CITY-ST-ZIP	MICANOPY FL	<input checked="" type="checkbox"/>
TITLE	VSD	DELETE
NAME	BAKER, GERALDINE A	<input type="checkbox"/>
STREET ADDRESS	RT 2 BOX 676	<input type="checkbox"/>
CITY-ST-ZIP	MICANOPY FL	<input type="checkbox"/>
TITLE		DELETE
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		DELETE
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD
2.3 STREET ADDRESS	Mable Baker
2.4 CITY-ST-ZIP	3729 NW 28 Terr Barnesville, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 SIGNATURE REQUIRED

CR2E037 (4/97)