

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N09897 (2)

1. Corporation Name

CHILD'S POINT OF VIEW, INC.

Principal Place of Business

Mailing Address

~~RT 2 BOX 676~~ **705 S.W. Charlie St.**
MICANOPY FL 32667-9600

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MICANOPY FL 32667-9600

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 27 PM 3:30



REINSTATEMENT 98-04

3. Date Incorporated or Qualified

06/21/1985

4. FEI Number

59-2562090

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, GERALDINE A
3729 N.W. 28TH TERRACE
GAINESVILLE FL 32605

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

Geraldine A. Baker

10-2300

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 **PD** ☐ DELETE
NAME **BAKER, TONJIA E**
STREET ADDRESS **RT 2 BOX 676**
CITY-ST-ZIP **MICANOPY FL**

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

☐ Change ☐ Addition
300003468923--9
-11/17/00--01074--008
*******358.75 *****358.75**

TITLE **TD** ☐ DELETE
NAME **BAKER, MABLE**
STREET ADDRESS **3729 S.W. 28 TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

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

☐ Change ☐ Addition

TITLE **VSD** ☐ DELETE
NAME **BAKER, GERALDINE A**
STREET ADDRESS **RT 2 BOX 676**
CITY-ST-ZIP **MICANOPY FL**

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

☐ Change ☐ Addition

TITLE **Chair person** ☐ DELETE
NAME **Ann Marie Jean Richardson**
STREET ADDRESS **705 S.W. Charlie St.**
CITY-ST-ZIP **Micanopy, FL**

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-00 66
4/28/98

Date

Daytime Phone #

0011926

CR2E037 (10/97)