FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:38

DOCUMENT # N11675 (8)

1. Corporation Name

THE CHILDREN'S WISH FOUNDATION, INC.

Principal Place of Business	Mailing Address
56000 DIPLOMAT CIRCLE, SUITE 150 ORLANDO FL 32810	56000 DIPLOMAT CIRCLE, SUITE 150 ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1985
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2591493 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 5420 Diplomat Circle	26 5420 Diplomat Circle
Suite, Apt. #, etc. 22 Suite 150	Suite, Apt. #, etc. 27 Suite 150
City & State 23 Orlando Florida	City & State 28 Orlando Florida
Zip / Country 24 32810 / 25 Orange	Zip / Country 29 32810 / 30 Orange

9. Name and Address of Current Registered Agent

JONES, JOEL D.
5600 DIPLOMAT CR, SUITE 150
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5420 Diplomat Circle Suite 150
83
84 City Orlando FL 85 Zip Code 32810

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	S	1.1 TITLE		☐ Change ☐ Addition
NAME	LESTER, STEVEN G	1.2 NAME		
STREET ADDRESS	1246 ALAMBA DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CASSIDY, DAVID C	2.2 NAME		
STREET ADDRESS	1170 KENWOOD AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SABOOR, JOHN P	3.2 NAME		
STREET ADDRESS	118 WEST GRANT ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BOROWSKI, JOSEPH	4.2 NAME		
STREET ADDRESS	4465 WINDERWOOD CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MANTIONE, JOHN	5.2 NAME		
STREET ADDRESS	314 KIMI COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SAUNDERS, J. L.	6.2 NAME		
STREET ADDRESS	9050 CLASSIC CT	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: David Cassidy DAVID CASSIDY 1-19-95 407-629-4621
SIGNATURE AND TYPED OR PRINTED NAME OF DURING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR1R02