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Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N11675 (8)

1. Corporation Name

THE CHILDREN'S WISH FOUNDATION, INC.



Principal Place of Business

Mailing Address

5405 DIPLOMAT CIRCLE  
SUITE 203  
ORLANDO FL 32810  
US5405 DIPLOMAT CIRCLE  
SUITE 203  
ORLANDO FL 32810-5614  
US3. Date Incorporated or Qualified  
10/16/19853a. Date of Last Report  
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 100 E SYBELIA AVE

26 100 E SYBELIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 300

27 300

City &amp; State

City &amp; State

23 MAITLAND FL

28 MAITLAND FL

Zip

Country

Zip

Country

24 32751

25 ORANGE

29 32751

30 ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, JOEL D.

~~5405 DIPLOMAT CIRCLE~~ 100 E SYBELIA AVE

SUITE 203 300

~~ORLANDO FL 32810~~ MAITLAND FL 32751

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

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	<del>+</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>BREWER, KENNETH</del>	
STREET ADDRESS	<del>14 E WASHINGTON ST., SUITE 400</del>	
CITY-ST-ZIP	<del>ORLANDO FL</del>	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P CHRISTOPHER D ROLL
1.3 STREET ADDRESS	100 N. ORANGE AVE Ste 1800
1.4 CITY-ST-ZIP	ORLANDO, FL 32802

TITLE	D	<input type="checkbox"/> DELETE
NAME	CASSIDY, DAVID C	
STREET ADDRESS	1170 KENWOOD AVE	
CITY-ST-ZIP	WINTER PARK FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SABOOR, JOHN P	
STREET ADDRESS	89 RUGBY STREET	
CITY-ST-ZIP	ORLANDO FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KUCHAR, MEG	
STREET ADDRESS	3811 WIMBLEDON DR	
CITY-ST-ZIP	LAKE MARY FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANTIONE, JOHN	
STREET ADDRESS	314 KIMI COURT	
CITY-ST-ZIP	CASSELBERRY FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	<del>V-G</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>SAUNDERS, J. L.</del>	
STREET ADDRESS	<del>9050 CLASSIC CT</del>	
CITY-ST-ZIP	<del>ORLANDO FL</del>	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL D JONES

1-9-97

Date

407-629 8920

Daytime Phone # 0017080

CR2E037 (9/96)