


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N16136 (6)

1. Corporation Name
THE WJNO CHILDREN'S FUND INC.

Principal Place of Business PO BOX 189 1500 N.FLAGLER DRIVE WEST PALM BEACH FL 33401	Mailing Address PO BOX 189 1500 N.FLAGLER DRIVE WEST PALM BEACH FL 33401-3402
--	---



2. Principal Place of Business 21 1540 Latham Rd.	2a. Mailing Address 26 PO Box 189
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 W Palm Beach FL	City & State 28 West Palm Bch FL
Zip 24 33409	Country 25 USA
Zip 29 33401	Country 30 USA

3. Date Incorporated or Qualified 07/30/1986	3a. Date of Last Report 04/17/1996
4. FEI Number 65-0073283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EDWARDS, JIM
1500 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1540 Latham Rd
83
84 City **W. Palm Beach** **FL** **85 Zip Code** **33409**

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 *Jim Edwards* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCLEAN, DEBBIE	
STREET ADDRESS	1315 N SWINTON	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREENE, TRACY	
STREET ADDRESS	2892 TENNIS CLUB DR #605	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NICOLS, NANCY	
STREET ADDRESS	3511-103 VILLAGE BLVD	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBERTS, PAM	
STREET ADDRESS	4413 A WOODSTOCK DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Perri Demps
5.4 CITY-ST-ZIP	1540 Latham Rd. West Palm Bch FL 33409
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	Jim Edwards
6.4 CITY-ST-ZIP	1540 Latham Rd. W Palm Bch FL 33409

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.

CR2E037 (9/96)